

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼**

Example: If typing, type over the lines.

12FE4M5

BRIAN MAST FOR CONGRESS

ADDRESS (number and street) ▼

2600 S DOUGLAS RD STE 900



Check if different than previously reported. (ACC)

CORAL GABLES

FL

33134-6149

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00579896

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

FL

18

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

01

2016

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOSE RIESCO

Signature of Treasurer

JOSE RIESCO

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

15

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 261

Write or Type Committee Name

BRIAN MAST FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	404760.88	995462.66
(b) Total Contribution Refunds (from Line 20(d))	11800.00	17200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	392960.88	978262.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	394615.53	747771.23
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	394615.53	747771.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	332441.40	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	9499.36	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 261

Write or Type Committee Name

BRIAN MAST FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

142252.00

538502.21

(ii) Unitemized.....

249558.88

427900.45

(iii) TOTAL of contributions from individuals ▶

391810.88

966402.66

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

12950.00

29060.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

404760.88

995462.66

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

46116.48

101949.97

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

450877.36

1097412.63

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	394615.53	747771.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	11800.00	17200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	11800.00	17200.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	406415.53	764971.23

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	287979.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	450877.36
25. SUBTOTAL (add Line 23 and Line 24).....	738856.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	406415.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	332441.40

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 261

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES E ABELL SR.

Mailing Address 7102 WELLS PKWY

City State Zip Code
UNIVERSITY PARK MD 20782

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2016

Transaction ID : SA11AI.49123

Amount of Each Receipt this Period

250.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHAEL W. ADCOCK

Mailing Address 5404 BACKLICK WOODS COURT

City State Zip Code
SPRINGFIELD VA 22151

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VAN SCOYOC & ASSOCIATES GOV'T CONSULTANT

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA11AI.48198

Amount of Each Receipt this Period

250.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RAPHAEL ADES

Mailing Address 15512 EMBASSY CT

City State Zip Code
MIAMI FL 33179

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AR PLASTICS CONSULTANT

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2016

Transaction ID : SA11AI.48566

Amount of Each Receipt this Period

500.00

☐ Memo Item
CAMPAIGN CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROSALYN AMANN

A.

Mailing Address 7659 TWIN OAKS DR

City

MIDDLETOWN

State

OH

Zip Code

45042

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2016

Transaction ID : SA11AI.52352

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROSALYN AMANN

B.

Mailing Address 7659 TWIN OAKS DR

City

MIDDLETOWN

State

OH

Zip Code

45042

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11AI.61336

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JUSTIN AMASH FOR CONGRESS

C.

Mailing Address 1500 E. BELTINE AVENUE SE
STE 250

City

GRAND RAPIDS

State

MI

Zip Code

49506

FEC ID number of contributing
federal political committee.

C H0MI03126

Name of Employer

POLITICAL CAMPAIGN

Occupation

POLITICAL CAMPAIGN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2016

Transaction ID : SA11AI.48332

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2350.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JAMES F. ANDERTON IV

Mailing Address 1575 WATERTOWER PLACE

City
EAST LANSINGState
MIZip Code
48823FEC ID number of contributing
federal political committee.

C

Name of Employer
AUTO-OWNERS INSURANCE COMPANYOccupation
DIRECTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA11AI.48190

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ALFRED A ANGELO

Mailing Address 340 NORTH AVE E STE 2

City
CRANFORDState
NJZip Code
07016FEC ID number of contributing
federal political committee.

C

Name of Employer
ANGELO AND O'BRIAN P.A.Occupation
CPA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		17		2016

Transaction ID : SA11AI.54193

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Alan Annenberg

Mailing Address 5763 kugler mill road

City
cincinnatiState
OHZip Code
45236FEC ID number of contributing
federal political committee.

C

Name of Employer
mercy healthOccupation
vascular surgeon

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		25		2016

Transaction ID : SA11AI.48587

Amount of Each Receipt this Period

200.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROLAND A. ARTEAGA

Mailing Address 1201 S. JOYCE STREET

APT #3415

City

ARLINGTON

State

VA

Zip Code

22202

FEC ID number of contributing
federal political committee.

C

Name of Employer

DEFENSE CREDIT UNION COUNCIL

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48291

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

AVI AVIDAN

Mailing Address 3740 S OCEAN BLVD

APT.908

City

HIGHLAND BEACH

State

FL

Zip Code

33487

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		14		2016

Transaction ID : SA11AI.61093

Amount of Each Receipt this Period

50.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MITCH BAINWOL

Mailing Address 8455 LEE ALAN DR.

City

FAIRFAX STATION

State

VA

Zip Code

22039

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLIANCE OF AUTOMOBILE MANUFACTURE

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11AI.48935

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

CALEB BAKER

Mailing Address 9308 JESUP LANE

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

C. BAKER CONSULTING

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		11		2016

Transaction ID : SA11AI.48515

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

FRANK M. BALDASARE

Mailing Address 2160 STEPHENS WALK

City

ATLANTA

State

GA

Zip Code

30338

FEC ID number of contributing
federal political committee.

C

Name of Employer

CW CAPITAL

Occupation

SENIOR VP

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.48415

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CONSTANCE C BARNES

Mailing Address 244 LIBERTY ST

City

WARSAW

State

NY

Zip Code

14569

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2016

Transaction ID : SA11AI.59922

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1535.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

CONSTANCE C BARNES

Mailing Address 244 LIBERTY ST

City

WARSAW

State

NY

Zip Code

14569

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2016

Transaction ID : SA11AI.60140

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CONSTANCE C BARNES

Mailing Address 244 LIBERTY ST

City

WARSAW

State

NY

Zip Code

14569

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

295.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2016

Transaction ID : SA11AI.60293

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CONSTANCE C BARNES

Mailing Address 244 LIBERTY ST

City

WARSAW

State

NY

Zip Code

14569

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		27		2016

Transaction ID : SA11AI.60652

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

105.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

CONSTANCE C BARNES

A.

Mailing Address 244 LIBERTY ST

City

WARSAW

State

NY

Zip Code

14569

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2016

Transaction ID : SA11AI.60924

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

RITA B BECKMAN

B.

Mailing Address PO BOX 167

City

HOXIE

State

KS

Zip Code

67740

FEC ID number of contributing federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2016

Transaction ID : SA11AI.52437

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DOUGLAS J BEHNKE

C.

Mailing Address 1420 CAMINO RANCHO

City

SIERRA VISTA

State

AZ

Zip Code

85635

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2016

Transaction ID : SA11AI.54022

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

635.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JEFFREY A. BERNEY

Mailing Address 7957 VIA VILLAGIO

City

WEST PALM BEACH

State

FL

Zip Code

33412

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48283

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DAVID BLACHER

Mailing Address 64 SAINT GEORGE PL

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2016

Transaction ID : SA11AI.50159

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DAVID BLACHER

Mailing Address 64 SAINT GEORGE PL

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		09		2016

Transaction ID : SA11AI.53376

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

MCKENZIE BLANCHARD

A.

Mailing Address 315 PEACHTREE BATTLE AVE

City

ATLANTA

State

GA

Zip Code

30305

FEC ID number of contributing federal political committee.

C

Name of Employer
WALKER & DUNLOPOccupation
AVP

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2016

Transaction ID : SA11AI.48648

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BRADLEY BLOOM

B.

Mailing Address 11 ALBION RD

City

WELLESLEY

State

MA

Zip Code

02481

FEC ID number of contributing federal political committee.

C

Name of Employer
BERKSHIRE PARTNERS LLCOccupation
INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		25		2016

Transaction ID : SA11AI.48584

Amount of Each Receipt this Period

2700.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN BOLLINGER

C.

Mailing Address 287 N GRAND ST

City

ORANGE

State

CA

Zip Code

92866

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.61088

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 261

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

BEVERLY C BRAUER**A.**

Mailing Address 1652 SE SKYLINE DR

City

SANTA ANA

State

CA

Zip Code

92705

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11AI.61025

Amount of Each Receipt this Period

75.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

PAUL J BRAZEAU**B.**

Mailing Address 9 BREAKERS ISLE

City

DANA POINT

State

CA

Zip Code

92629

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.61059

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DR ROBERT BREGMAN**C.**

Mailing Address 17584 LAKE PARK ROAD

City

Boca Raton

State

FL

Zip Code

33487

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.48939

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

425.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

EZMA K BREWER

A.

Mailing Address 1914 122ND AVE SE

City

BELLEVUE

State

WA

Zip Code

98005

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2016

Transaction ID : SA11AI.51890

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BEATRICE T BRITTON

B.

Mailing Address PO BOX 2327

City

SOUTH HAMILTON

State

MA

Zip Code

01982

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2016

Transaction ID : SA11AI.53053

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BEATRICE T BRITTON

C.

Mailing Address PO BOX 2327

City

SOUTH HAMILTON

State

MA

Zip Code

01982

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		06		2016

Transaction ID : SA11AI.57317

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

LARRY E. BROWN

Mailing Address 11746 BELLA DONNA COURT

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

BROWN DISTRIBUTING CO.

Occupation

BEVERAGE DISTRIBUTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA11AI.48222

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ELIZABETH BRYDEN

Mailing Address 1 W 67TH ST APT 611

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

205.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2016

Transaction ID : SA11AI.60912

Amount of Each Receipt this Period

205.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

HOWARD A BUESCHEL

Mailing Address 107 UPPER FERRY RD

City

EWING

State

NJ

Zip Code

08628

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2016

Transaction ID : SA11AI.60834

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2305.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JERILYN L. BULLOCK

A.

Mailing Address 3120 N. HIGHWAY Q1Q
UNIT 1505

City	State	Zip Code
HUTCHINSON ISLAND	FL	34949

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.48403

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DOUGLAS BURNETT

B.

Mailing Address 291 SOPHIA TERRACE

City	State	Zip Code
SAINT AUGUSTINE	FL	32095

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48309

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM F BURT

C.

Mailing Address 1 HARVEST CIR UNIT 3

City	State	Zip Code
LINCOLN	MA	01773

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		31		2016

Transaction ID : SA11AI.56261

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

CRAIG BUTTERFIELD

Mailing Address 14595 ROLLER COASTER RD

City

COLORADO SPGS

State

CO

Zip Code

80921

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		10		2016

Transaction ID : SA11AI.53465

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ARTHUR B. CALCAGNINI

Mailing Address 890 PALM WAY

City

NORTH PALM BEACH

State

FL

Zip Code

33408

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48303

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHARLOTTE C CALLEN

Mailing Address 1139 SHORELINE LN

City

WINTER HAVEN

State

FL

Zip Code

33884

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2016

Transaction ID : SA11AI.58952

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

WILLIAM D CAMMARANO

Mailing Address 250 S OCEAN BLVD APT 12B

City

BOCA RATON

State

FL

Zip Code

33432

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		14		2016

Transaction ID : SA11AI.51330

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ANNE CARMICHAEL

Mailing Address 301 RIDGEVIEW DRIVE

City

PALM BEACH

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REALTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		25		2016

Transaction ID : SA11AI.48580

Amount of Each Receipt this Period

750.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DONALD CASTNER

Mailing Address 7641 DURHAM RD

City

WHITEHALL

State

MI

Zip Code

49461

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2016

Transaction ID : SA11AI.58934

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

ANN E CAVENDER

Mailing Address 1242 CROWN RIDGE DR

City

PRESCOTT

State

AZ

Zip Code

86301

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11AI.59771

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

LEE H CHALIFOUR

Mailing Address 131 COLONIAL ST SE

City

PORT CHARLOTTE

State

FL

Zip Code

33952

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2016

Transaction ID : SA11AI.59040

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT D. CHELBERG

Mailing Address EXEMPT BY LAW FSS 119.071(4)(d)2.a

City

WEST PALM BEACH

State

FL

Zip Code

33412

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48293

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

PAUL CHRISTENSEN

Mailing Address 3881 SE FAIRWAY W

City
STUARTState
FLZip Code
34997FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2016

Transaction ID : SA11AI.48496

Amount of Each Receipt this Period

500.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

SHIRLEY CLARK

Mailing Address 116 LIFESTYLE LANE

City
ANDERSONState
SCZip Code
29621FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : SA11AI.48735

Amount of Each Receipt this Period

250.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ELEANOR L COBB

Mailing Address 131 S VISTA ST

City
LOS ANGELESState
CAZip Code
90036FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.51557

Amount of Each Receipt this Period

100.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

ELEANOR L COBB

Mailing Address 131 S VISTA ST

City

LOS ANGELES

State

CA

Zip Code

90036

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : SA11AI.59124

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT N. COHEN

Mailing Address 16001 TRADE ZONE AVENUE

City

UPPER MALBORO

State

MD

Zip Code

20774

FEC ID number of contributing
federal political committee.

C

Name of Employer

DAYCON

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2016

Transaction ID : SA11AI.48360

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARJORIE M COLLINS

Mailing Address 3810 MURRELL RD # 405

City

ROCKLEDGE

State

FL

Zip Code

32955

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2016

Transaction ID : SA11AI.58798

Amount of Each Receipt this Period

150.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

CRAIG J. COPE

Mailing Address 200 ANHINGA LANE

City

JUPITER

State

FL

Zip Code

33458

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REALTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA11AI.48204

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

STEPHANIE COPE

Mailing Address 200 ANHINGA LANE

City

JUPITER

State

FL

Zip Code

33410

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REALTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA11AI.48206

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT COPELAND

Mailing Address 168 BUSINESS PARK DRIVE

City

VIRGINIA BEACH

State

VA

Zip Code

23462

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		11		2016

Transaction ID : SA11AI.48519

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 261

(check only one)

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) JANETTA A COX			Date of Receipt M M / D D / Y Y Y Y 04 / 14 / 2016	
Mailing Address PO BOX 174			Transaction ID : SA11AI.51184	
City	State	Zip Code		
OZARK	MO	65721		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED		Occupation RETIRED	<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		

B. Full Name (Last, First, Middle Initial) LEROY E COX			Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2016	
Mailing Address 39463 MANORGATE RD			Transaction ID : SA11AI.56706	
City	State	Zip Code		
PALM DESERT	CA	92211		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 50.00	
Name of Employer RETIRED		Occupation RETIRED	<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 237.00		

C. Full Name (Last, First, Middle Initial) LOUISE CROSS			Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2016	
Mailing Address 11603 CHARISMA WAY			Transaction ID : SA11AI.48521	
City	State	Zip Code		
PALM BEACH GARDENS	FL	33418		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 2000.00	
Name of Employer RETIRED		Occupation RETIRED	<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....	2300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

DANIEL J CULNEN**A.**

Mailing Address 73 ROXITICUS RD

City

FAR HILLS

State

NJ

Zip Code

07931

FEC ID number of contributing
federal political committee.

C

Name of Employer

C & H ASSOCIATES

Occupation

CONSTRUCTION CONSULTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2016

Transaction ID : SA11AI.50485

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ANTHONY CUMMINGS**B.**

Mailing Address 920 N. LAKE WAY

City

PALM BEACH

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		17		2016

Transaction ID : SA11AI.48542

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

M A CUSTER**C.**

Mailing Address 5011 MONTICELLO CT

City

MIDLAND

State

TX

Zip Code

79705

FEC ID number of contributing
federal political committee.

C

Name of Employer

CUSTER & WRIGHT

Occupation

GEOLOGIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		29		2016

Transaction ID : SA11AI.60252

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

M A CUSTER**A.**

Mailing Address 5011 MONTICELLO CT

City

MIDLAND

State

TX

Zip Code

79705

FEC ID number of contributing
federal political committee.

C

Name of Employer
CUSTER & WRIGHTOccupation
GEOLOGIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		11		2016

Transaction ID : SA11AI.60381

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM CLIFFORD DAHL II**B.**

Mailing Address 437 KEHOE AVE

City

HALF MOON BAY

State

CA

Zip Code

94019

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
TECH / INVENTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : SA11AI.48729

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ALBERT R. DAWSON**C.**

Mailing Address 7150 WINDING BAY LANE

City

WEST PALM BEACH

State

FL

Zip Code

33412

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48285

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 261

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

ALBERT R. DAWSON

Mailing Address 7150 WINDING BAY LANE

City

WEST PALM BEACH

State

FL

Zip Code

33412

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.48385

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DONALD G DEBODE

Mailing Address 2051 WEST BEACH RD

City

OAK HARBOR

State

WA

Zip Code

98277

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INN KEEPER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.61043

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

sherri DeCarlo

Mailing Address 2374 S Olympic Hills Terr

City

Inverness

State

FL

Zip Code

34450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Almost Family Home Care

Occupation

Director of Marketing

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		14		2016

Transaction ID : SA11AI.48632

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

sherri DeCarlo

A.

Mailing Address 2374 S Olympic Hills Terr

City

Inverness

State

FL

Zip Code

34450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Almost Family Home Care

Occupation

Director of Marketing

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		14		2016

Transaction ID : SA11AI.48633

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

HELEN R DECKER

B.

Mailing Address PO BOX 170009

City

ARLINGTON

State

TX

Zip Code

76003

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

TEACHER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

Transaction ID : SA11AI.52667

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

HELEN R DECKER

C.

Mailing Address PO BOX 170009

City

ARLINGTON

State

TX

Zip Code

76003

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

TEACHER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		10		2016

Transaction ID : SA11AI.53623

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

DANIEL DELLORTO

Mailing Address 8008 LOG CABIN CT.

City

SPRINGFIELD

State

VA

Zip Code

22153

FEC ID number of contributing
federal political committee.

C

Name of Employer

AM GENERAL LLC

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2016

Transaction ID : SA11AI.48466

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

NELSON C DENISON

Mailing Address 2814 BIRDSEYE LN

City

BOWIE

State

MD

Zip Code

20715

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2016

Transaction ID : SA11AI.59036

Amount of Each Receipt this Period

150.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARBARA A DESAUSSURE

Mailing Address 3842 BROOKDALE BLVD

City

CASTRO VALLEY

State

CA

Zip Code

94546

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2016

Transaction ID : SA11AI.59572

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

650.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

ERNEST P. DESIMONEMailing Address 220 MACFARLANE DRIVE
APT 501

City	State	Zip Code
DELRAY BEACH	FL	33483

FEC ID number of contributing
federal political committee.

C

Name of Employer
LYNCH DESIMONE NYLEN LLPOccupation
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2016

Transaction ID : SA11AI.48352

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BEVERLY A DICKERSON

Mailing Address 3250 S FORT APACHE RD APT 127

City	State	Zip Code
LAS VEGAS	NV	89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		24		2016

Transaction ID : SA11AI.55780

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BEVERLY A DICKERSON

Mailing Address 3250 S FORT APACHE RD APT 127

City	State	Zip Code
LAS VEGAS	NV	89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11AI.56886

Amount of Each Receipt this Period

200.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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 (check only one)
☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) William Diercksen			Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2016	
Mailing Address 1239 Cambria Bnd			Transaction ID : SA11Al.48911	
City	State	Zip Code		
Kissimmee	FL	34759		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 200.00	
Name of Employer RETIRED		Occupation RETIRED	<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1100.00		

B. Full Name (Last, First, Middle Initial) David P Dillon			Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2016	
Mailing Address 97 Osner Drive NE			Transaction ID : SA11Al.48915	
City	State	Zip Code		
Atlanta	GA	30342		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer Wells Fargo		Occupation Financial Advisor	<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00		

C. Full Name (Last, First, Middle Initial) JAMES E. DOCKTER			Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2016	
Mailing Address 11133 GREEN BAYBERRY DRIVE			Transaction ID : SA11Al.48214	
City	State	Zip Code		
PALM BEACH GARDENS	FL	33418		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer PBD WORDLWIDE		Occupation DISTRIBUTOR	<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROSEMARY C DOOLIN

Mailing Address 3508 HARVARD AVE

City

DALLAS

State

TX

Zip Code

75205

FEC ID number of contributing
federal political committee.

C

Name of Employer

ELECTROLYSIS BY ROSEMARY

Occupation

ELECTROLOGIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		14		2016

Transaction ID : SA11AI.51220

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAMES W DOTINGA

Mailing Address 4026 SALTSRING DR

City

FERNDAL

State

WA

Zip Code

98248

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

APARTMENT MANAGER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

224.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2016

Transaction ID : SA11AI.59305

Amount of Each Receipt this Period

42.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JIM DUPZYK

Mailing Address 2925 ARGONAUT AVE

City

ROCKLIN

State

CA

Zip Code

95677

FEC ID number of contributing
federal political committee.

C

Name of Employer

JDCP EQUIPMENT COMPANY, INC.

Occupation

MANAGER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : SA11AI.48701

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1042.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 33 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

CARLA S. EUDY

A.

Mailing Address 4200 MASSACHUSSETS AVENUE nw
APT 312

City	State	Zip Code
WASHINGTON	DC	20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE EUDY COMPANY

Occupation
BUSINESS MGT CONSULTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48281

Amount of Each Receipt this Period

250.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

EVAN WILSON EVANS

B.

Mailing Address 631A CESSNA AVE

City	State	Zip Code
FRIDAY HARBOR	WA	98250

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : SA11AI.59174

Amount of Each Receipt this Period

50.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ELIZABETH FARRIS

C.

Mailing Address 220 MOCKINBIRD TRAIL

City	State	Zip Code
PALM BEACH	FL	33480

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
MARKETING

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		25		2016

Transaction ID : SA11AI.48577

Amount of Each Receipt this Period

500.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JAMES B FISHER

A.

Mailing Address 3040 JAVA RD

City

COSTA MESA

State

CA

Zip Code

92626

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		14		2016

Transaction ID : SA11AI.58233

Amount of Each Receipt this Period

200.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

LUCY A. FOLBRECHT

B.

Mailing Address 7900 PICOS ROAD

City

FORT PIERCE

State

FL

Zip Code

34945

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2016

Transaction ID : SA11AI.48356

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

SUSAN FORD

C.

Mailing Address 14792 PALMWOOD ROAD

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48295

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1200.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

TARA FORD

Mailing Address 5585 CENTER STREET

City

JUPITER

State

FL

Zip Code

33458

FEC ID number of contributing
federal political committee.

C

Name of Employer

PALM BEACH CAST STONE

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11AI.48904

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL I. FREEMANMailing Address 5 REVERE DRIVE
STE 200

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer

MICHAEL I. FREEMAN PC

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.48405

Amount of Each Receipt this Period

400.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

VIRGINIA FROELKER

Mailing Address 4496 BIG CREEK RD

City

GERALD

State

MO

Zip Code

63037

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		05		2016

Transaction ID : SA11AI.49931

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. RON FRYE

Mailing Address 333 S. SANTA CLARA STREET
SUITE 900

City	State	Zip Code
SAN JOSE	CA	95113

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

358.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.48374

Amount of Each Receipt this Period

358.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. BETTY GARDNER

Mailing Address 1572 GOODIN HOLLOW RD

City	State	Zip Code
NOEL	MO	64854

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		22		2016

Transaction ID : SA11AI.52053

Amount of Each Receipt this Period

75.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. BETTY GARDNER

Mailing Address 1572 GOODIN HOLLOW RD

City	State	Zip Code
NOEL	MO	64854

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

395.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11AI.56883

Amount of Each Receipt this Period

135.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

568.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

BETTY GARDNER

Mailing Address 1572 GOODIN HOLLOW RD

City
NOELState
MOZip Code
64854FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

530.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2016

Transaction ID : SA11AI.59586

Amount of Each Receipt this Period

135.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARILYN V GEARHEART

Mailing Address PO BOX 427

City
WATERVILLEState
WAZip Code
98858FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		07		2016

Transaction ID : SA11AI.57593

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

RENAE J. GLEIBER

Mailing Address 2951 RHONE DRIVE

City

PALM BEACH GARDENS

State
FLZip Code
33410FEC ID number of contributing
federal political committee.

C

Name of Employer

ROBERT M. GLEIBER, DMD

Occupation
DENTIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA11AI.48202

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

635.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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 (check only one)
☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial) BEVERLY GOODLETT			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 02 / 2016	
Mailing Address 2104 PENINSULA DR			Transaction ID : SA11AI.52953	
City SAN ANTONIO	State TX	Zip Code 78239	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Memo Item CAMPAIGN CONTRIBUTION		
Name of Employer HOMEMAKER	Occupation HOMEMAKER			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00			

Full Name (Last, First, Middle Initial) JAMES H GREER			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 02 / 2016	
Mailing Address 9000 HEMPSTEAD RD STE 200			Transaction ID : SA11AI.52896	
City HOUSTON	State TX	Zip Code 77008	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Memo Item CAMPAIGN CONTRIBUTION		
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00			

Full Name (Last, First, Middle Initial) DOUGLAS M. GREGORY			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2016	
Mailing Address 101 CONSTITUTION AVENUE NW STE 600W			Transaction ID : SA11AI.48194	
City WASHINGTON	State DC	Zip Code 20001	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Memo Item CAMPAIGN CONTRIBUTION		
Name of Employer VAN SCOYOC & ASSOC.	Occupation VICE PRESIDENT			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00			

SUBTOTAL of Receipts This Page (optional).....			550.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

RICHARD S GRIFFITH

Mailing Address PO BOX 91610

City

LAFAYETTE

State

LA

Zip Code

70509

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

301.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		14		2016

Transaction ID : SA11AI.58535

Amount of Each Receipt this Period

101.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

RICHARD S GRIFFITH

Mailing Address PO BOX 91610

City

LAFAYETTE

State

LA

Zip Code

70509

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

402.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2016

Transaction ID : SA11AI.58819

Amount of Each Receipt this Period

101.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DANNA GROSVENOR

Mailing Address 7410 W LAYTON WAY

City

LITTLETON

State

CO

Zip Code

80123

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2016

Transaction ID : SA11AI.61301

Amount of Each Receipt this Period

200.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

402.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

STGEORGE GUARDABASSI

Mailing Address 820 SE 5 CT

City

FORT LAUDERDALE

State

FL

Zip Code

33301

FEC ID number of contributing
federal political committee.

C

Name of Employer

ATLANTIC COMMERCIAL REAL ESTATE SER

Occupation

REAL ESTATE SALES

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		18		2016

Transaction ID : SA11AI.48547

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

FRANK S GUARISCO

Mailing Address PO BOX 579

City

PATTERSON

State

LA

Zip Code

70392

FEC ID number of contributing
federal political committee.

C

Name of Employer

FRANK'S AGENCY INC.

Occupation

INSURANCE AGENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		05		2016

Transaction ID : SA11AI.59862

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

FRANK S GUARISCO

Mailing Address PO BOX 579

City

PATTERSON

State

LA

Zip Code

70392

FEC ID number of contributing
federal political committee.

C

Name of Employer

FRANK'S AGENCY INC.

Occupation

INSURANCE AGENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2016

Transaction ID : SA11AI.58752

Amount of Each Receipt this Period

50.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1150.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

WILLIAM HALLAUER

A.

Mailing Address 91 SOUTHPOINTE DR

City

FORT PIERCE

State

FL

Zip Code

34949

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2016

Transaction ID : SA11AI.61076

Amount of Each Receipt this Period

50.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ELAINE O HARMON

B.

Mailing Address 189 SPRING BEAUTY DR

City

TRENTON

State

NJ

Zip Code

08648

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		13		2016

Transaction ID : SA11AI.57972

Amount of Each Receipt this Period

50.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BOBBYE F HARRIS

C.

Mailing Address 135 WINDSOR DR

City

CALHOUN

State

GA

Zip Code

30701

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2016

Transaction ID : SA11AI.51000

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

350.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 42 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

BOBBYE F HARRIS

A.

Mailing Address 135 WINDSOR DR

City

CALHOUN

State

GA

Zip Code

30701

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

875.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		25		2016

Transaction ID : SA11AI.55916

Amount of Each Receipt this Period

375.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JEAN HARRIS

B.

Mailing Address 601 CAPTAINS WAY

City

JUPITER

State

FL

Zip Code

33477

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2016

Transaction ID : SA11AI.48470

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

GARY L HEIN

C.

Mailing Address 2 PARSONS LN

City

DECATUR

State

IL

Zip Code

62526

FEC ID number of contributing
federal political committee.

C

Name of Employer

LINCOLN DIAGNOSTICS

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2016

Transaction ID : SA11AI.59431

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1625.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 43 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

FRANCISCA F HENDERSON

A.

Mailing Address 122 N 82ND ST

City

MESA

State

AZ

Zip Code

85207

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2016

Transaction ID : SA11AI.60824

Amount of Each Receipt this Period

80.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

FRANCISCA F HENDERSON

B.

Mailing Address 122 N 82ND ST

City

MESA

State

AZ

Zip Code

85207

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

265.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : SA11AI.59155

Amount of Each Receipt this Period

40.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

GENE L HERMAN

C.

Mailing Address 11301 SW 1ST CT

City

PLANTATION

State

FL

Zip Code

33325

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		10		2016

Transaction ID : SA11AI.53621

Amount of Each Receipt this Period

200.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

320.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 44 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOSEPH HICKEY

A.

Mailing Address 11260 OLD HARBOUR ROAD

City

NORTH PALM BEACH

State

FL

Zip Code

33408

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA11AI.48210

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAMES P HICKS

B.

Mailing Address 3013 PIETRO DR

City

HACIENDA HEIGHTS

State

CA

Zip Code

91745

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		14		2016

Transaction ID : SA11AI.51326

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARTHA C HINES

C.

Mailing Address PO BOX 41

City

CONWAY

State

SC

Zip Code

29528

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		14		2016

Transaction ID : SA11AI.51407

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 45 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

MARTHA C HINES

A.

Mailing Address PO BOX 41

City

CONWAY

State

SC

Zip Code

29528

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		24		2016

Transaction ID : SA11AI.55881

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

RUSSELL W HIPPLEWITZ

B.

Mailing Address 120 OAK PINES BLVD

City

PEMBERTON

State

NJ

Zip Code

08068

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2016

Transaction ID : SA11AI.58801

Amount of Each Receipt this Period

50.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHARLES E. HOBBS

C.

Mailing Address 11764 CALLA LILY COURT

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48320

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2550.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 46 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

GARY HOFFMAN

A.

Mailing Address 10561 HAWKS TERRACE

City

WEST PALM BEACH

State

FL

Zip Code

33412

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		04		2016

Transaction ID : SA11Al.48494

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CONSTANCE HOFKIN

B.

Mailing Address 4100 GALT OCEAN DR
APT 1101

City

FT LAUDERDALE

State

FL

Zip Code

33308

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2016

Transaction ID : SA11Al.48452

Amount of Each Receipt this Period

10.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CONSTANCE HOFKIN

C.

Mailing Address 4100 GALT OCEAN DR
APT 1101

City

FT LAUDERDALE

State

FL

Zip Code

33308

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

295.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2016

Transaction ID : SA11Al.61075

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

545.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 47 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CONSTANCE HOFKIN

Mailing Address 4100 GALT OCEAN DR
APT 1101

City	State	Zip Code
FT LAUDERDALE	FL	33308

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

305.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2016

Transaction ID : SA11AI.48540

Amount of Each Receipt this Period

10.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. CONSTANCE HOFKIN

Mailing Address 4100 GALT OCEAN DR
APT 1101

City	State	Zip Code
FT LAUDERDALE	FL	33308

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

340.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2016

Transaction ID : SA11AI.61101

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. CONSTANCE HOFKIN

Mailing Address 4100 GALT OCEAN DR
APT 1101

City	State	Zip Code
FT LAUDERDALE	FL	33308

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2016

Transaction ID : SA11AI.61302

Amount of Each Receipt this Period

25.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

70.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 48 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

CONSTANCE HOFKINMailing Address 4100 GALT OCEAN DR
APT 1101

City	State	Zip Code
FT LAUDERDALE	FL	33308

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2016

Transaction ID : SA11AI.48636

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CLAUDIA D HOLDER

Mailing Address 12433 W DE MEYER ST

City	State	Zip Code
BOISE	ID	83713

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

255.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2016

Transaction ID : SA11AI.49091

Amount of Each Receipt this Period

80.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CLAUDIA D HOLDER

Mailing Address 12433 W DE MEYER ST

City	State	Zip Code
BOISE	ID	83713

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

355.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		05		2016

Transaction ID : SA11AI.49818

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

190.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 49 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

RICHARD A. HORVITZ

A.

Mailing Address 6095 PARKLAND BOULEVARD
SUITE 300

City	State	Zip Code
MAYFIELD HEIGHTS	OH	44124

FEC ID number of contributing
federal political committee.

C

Name of Employer
MORELAND MANAGEMENT COMPANY

Occupation
INVESTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48317

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM B HOTALING

B.

Mailing Address 125 QUASSAICK AVE

City	State	Zip Code
NEW WINDSOR	NY	12553

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2016

Transaction ID : SA11AI.49045

Amount of Each Receipt this Period

400.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHARLES B HUTCHINS

C.

Mailing Address 525 E CEDAR BLVD APT 19

City	State	Zip Code
OTHELLO	WA	99344

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2016

Transaction ID : SA11AI.59496

Amount of Each Receipt this Period

300.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 261

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

MIRIAM B HUTH

Mailing Address 475 FOURTH FAIRWAY DR

City

ROSWELL

State

GA

Zip Code

30076

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2016

Transaction ID : SA11AI.59293

Amount of Each Receipt this Period

200.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARGARET A INGRAHAM

Mailing Address 420 N ALMANSOR ST

City

ALHAMBRA

State

CA

Zip Code

91801

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : SA11AI.59082

Amount of Each Receipt this Period

75.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARBARA A JARVIS

Mailing Address 13923 DUNCANNON DR

City

HOUSTON

State

TX

Zip Code

77015

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		04		2016

Transaction ID : SA11AI.49491

Amount of Each Receipt this Period

75.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

350.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 51 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

BARBARA A JARVIS

A.

Mailing Address 13923 DUNCANNON DR

City

HOUSTON

State

TX

Zip Code

77015

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		02		2016

Transaction ID : SA11AI.52935

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARBARA A JARVIS

B.

Mailing Address 13923 DUNCANNON DR

City

HOUSTON

State

TX

Zip Code

77015

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

425.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		13		2016

Transaction ID : SA11AI.58088

Amount of Each Receipt this Period

75.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT L JENSEN

C.

Mailing Address 222 CROCKETT BENCH RD

City

OROFINO

State

ID

Zip Code

83544

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		29		2016

Transaction ID : SA11AI.52826

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

275.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 52 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

RICHARD E JONES

A.

Mailing Address 11389 EVESHAM DR

City

WINDERMERE

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		26		2016

Transaction ID : SA11AI.56051

Amount of Each Receipt this Period

300.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHARLES HILL JONES JR.

B.

Mailing Address 223 PENDLETON AVE

City

PALM BEACH

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		04		2016

Transaction ID : SA11AI.49381

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

FERENC KACSINTA

C.

Mailing Address 7323 CARTWRIGHT AVE

City

SUN VALLEY

State

CA

Zip Code

91352

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		25		2016

Transaction ID : SA11AI.55966

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 53 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOHN KAI

Mailing Address 310 VININGS WAY BLVD APT 8101

City

DESTIN

State

FL

Zip Code

32541

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		17		2016

Transaction ID : SA11AI.54430

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ARNOLD E. KASTON

Mailing Address 7372 HORIZON DRIVE

City

WEST PALM BEACH

State

FL

Zip Code

33412

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48297

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

SACHIKO KAWAGUCHI

Mailing Address PO BOX 10335

City

HILO

State

HI

Zip Code

96721

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		02		2016

Transaction ID : SA11AI.52852

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 54 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

DONALD KING

Mailing Address 13 FAWN RIDGE ROAD

City

HOPKINTON

State

MA

Zip Code

01748

FEC ID number of contributing
federal political committee.

C

Name of Employer
WALKER & DUNLOPOccupation
REAL ESTATE FINANCE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2016

Transaction ID : SA11AI.48646

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

GERALD A KING

Mailing Address 7379 ALICANTE RD

City

CARLSBAD

State

CA

Zip Code

92009

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2016

Transaction ID : SA11AI.49167

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

LEONARD M KIRK

Mailing Address 128 W RING FACTORY RD APT 1227

City

BEL AIR

State

MD

Zip Code

21014

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2016

Transaction ID : SA11AI.52330

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 55 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

HARRY J KIRSCHNER

A.

Mailing Address 2395 SUNSET DR

City

VENTURA

State

CA

Zip Code

93001

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

215.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2016

Transaction ID : SA11AI.52423

Amount of Each Receipt this Period

45.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

HARRY J KIRSCHNER

B.

Mailing Address 2395 SUNSET DR

City

VENTURA

State

CA

Zip Code

93001

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

255.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2016

Transaction ID : SA11AI.53206

Amount of Each Receipt this Period

40.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

HARRY J KIRSCHNER

C.

Mailing Address 2395 SUNSET DR

City

VENTURA

State

CA

Zip Code

93001

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

305.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		15		2016

Transaction ID : SA11AI.58664

Amount of Each Receipt this Period

50.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

135.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 56 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

ADRIENNE KITCHENS**A.**

Mailing Address 16642 - 123RD TERRACE N

City

JUPITER

State

FL

Zip Code

33478

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEST EFFORTS

Occupation

LICENSED PRACTICAL NURSE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA11AI.48200

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

EVAN A. KNISELY**B.**

Mailing Address 1005 TURKEY RUN ROAD

City

MCLEAN

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer

MACANDREWS & FORBES HOLDING INC.

Occupation

GOV'T AFFAIR VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48328

Amount of Each Receipt this Period

2700.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARY ELLEN KNISELY**C.**

Mailing Address 2804 VIA DEL OESTA

City

SIERRA VISTA

State

AZ

Zip Code

85650

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

215.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2016

Transaction ID : SA11AI.52409

Amount of Each Receipt this Period

40.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2990.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 57 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

MARY ELLEN KNISELY

A.

Mailing Address 2804 VIA DEL OESTA

City

SIERRA VISTA

State

AZ

Zip Code

85650

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

255.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11AI.56808

Amount of Each Receipt this Period

40.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DIANNE E KRAHNERT

B.

Mailing Address 2001 SE SAILFISH POINT BLVD APT 40

City

STUART

State

FL

Zip Code

34996

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		04		2016

Transaction ID : SA11AI.49428

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

PAMELA W. KUHL

C.

Mailing Address 5208 COUNTER PLAY ROAD

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA11AI.48216

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

790.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 58 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

RICHARD T LAMOUREAUX

Mailing Address 13220 HANSWORTH AVE

City

HAWTHORNE

State

CA

Zip Code

90250

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2016

Transaction ID : SA11AI.59504

Amount of Each Receipt this Period

200.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

GREGORY LANKLER

Mailing Address 15500 PENNYROYAL LANE

City

ROCKVILLE

State

MD

Zip Code

20853

FEC ID number of contributing
federal political committee.

C

Name of Employer

MERCURY PUBLIC AFFAIRS

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.48454

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JANET L LAPIN

Mailing Address 17800 BONNIEVISTA CT

City

WINTER GARDEN

State

FL

Zip Code

34787

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAPIN SHEET METAL CO.

Occupation

SECURITY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		17		2016

Transaction ID : SA11AI.54559

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 261

(check only one)

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) GARY LAPP			Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2016		
Mailing Address 696 SAN RAMON VALLEY BLVD			Transaction ID : SA11AI.55433		
City	State	Zip Code	Amount of Each Receipt this Period _____ 250.00		
DANVILLE	CA	94526	<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION		
FEC ID number of contributing federal political committee.		<input type="text"/> C			
Name of Employer RETIRED		Occupation RETIRED			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 250.00			
B. Full Name (Last, First, Middle Initial) PHILLIP B. LASSITER			Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2016		
Mailing Address 11611 CHARISMA WAY			Transaction ID : SA11AI.48218		
City	State	Zip Code	Amount of Each Receipt this Period _____ 2000.00		
PALM BEACH GARDENS	FL	33418	<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION		
FEC ID number of contributing federal political committee.		<input type="text"/> C			
Name of Employer RETIRED		Occupation RETIRED			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 2000.00			
C. Full Name (Last, First, Middle Initial) JUDITH LEPKO			Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2016		
Mailing Address 18 JANE DR			Transaction ID : SA11AI.57827		
City	State	Zip Code	Amount of Each Receipt this Period _____ 250.00		
ENGLEWOOD CLIFFS	NJ	07632	<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION		
FEC ID number of contributing federal political committee.		<input type="text"/> C			
Name of Employer HOMEMAKER		Occupation HOMEMAKER			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 250.00			
SUBTOTAL of Receipts This Page (optional).....			_____ 2500.00		
TOTAL This Period (last page this line number only).....			_____		

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 60 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

RICHARD B LESSIG

A.

Mailing Address 13 ADMIRAL BLVD

City

BALTIMORE

State

MD

Zip Code

21222

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		18		2016

Transaction ID : SA11AI.60428

Amount of Each Receipt this Period

300.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

HERBERT A LEVIN

B.

Mailing Address 724 E GRINNELL DR

City

BURBANK

State

CA

Zip Code

91501

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		10		2016

Transaction ID : SA11AI.60357

Amount of Each Receipt this Period

75.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

HERBERT A LEVIN

C.

Mailing Address 724 E GRINNELL DR

City

BURBANK

State

CA

Zip Code

91501

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		31		2016

Transaction ID : SA11AI.60657

Amount of Each Receipt this Period

75.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

HERBERT ALAN LEVIN**A.**

Mailing Address 724 E GRINNELL DR

City

BURBANK

State

CA

Zip Code

91501

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

470.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2016

Transaction ID : SA11AI.60901

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

LOLITA J LINDSTROM**B.**

Mailing Address 2435 SW CREEKSIDE DR

City

PALM CITY

State

FL

Zip Code

34990

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11AI.56372

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

NED LIPES**C.**Mailing Address 5310 NORTH OCEAN DRIVE
UNIT 1001

City

SINGER ISLAND

State

FL

Zip Code

33404

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.48458

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 261

(check only one)

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) LOUISE G LOCKE			Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2016	
Mailing Address 500 MOTT DR APT 218C			Transaction ID : SA11AI.53741	
City	State	Zip Code	Amount of Each Receipt this Period _____ 50.00	
RAYMORE	MO	64083	<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
FEC ID number of contributing federal political committee.		<input type="text"/> C		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 225.00		
B. Full Name (Last, First, Middle Initial) LOUISE G LOCKE			Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2016	
Mailing Address 500 MOTT DR APT 218C			Transaction ID : SA11AI.53848	
City	State	Zip Code	Amount of Each Receipt this Period _____ 75.00	
RAYMORE	MO	64083	<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
FEC ID number of contributing federal political committee.		<input type="text"/> C		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 300.00		
C. Full Name (Last, First, Middle Initial) LOUISE G LOCKE			Date of Receipt M M / D D / Y Y Y Y 05 / 25 / 2016	
Mailing Address 500 MOTT DR APT 218C			Transaction ID : SA11AI.56011	
City	State	Zip Code	Amount of Each Receipt this Period _____ 75.00	
RAYMORE	MO	64083	<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
FEC ID number of contributing federal political committee.		<input type="text"/> C		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 375.00		
SUBTOTAL of Receipts This Page (optional).....			_____ 200.00	
TOTAL This Period (last page this line number only).....			_____	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 63 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOSEPH LUBECK

Mailing Address 11911 US HIGHWAY 1

SUITE 204

City

NORTH PALM BEACH

State

FL

Zip Code

33410

FEC ID number of contributing
federal political committee.

C

Name of Employer

ELRH INVESTMENT

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2016

Transaction ID : SA11AI.61244

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

LAURIE LYFORD

Mailing Address 9529 LAKE WASHINGTON BLVD NE

City

BELLEVUE

State

WA

Zip Code

98004

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2016

Transaction ID : SA11AI.61248

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MANUEL M MACIAS

Mailing Address 112 MACINTOSH LN

City

CENTERVILLE

State

GA

Zip Code

31028

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		06		2016

Transaction ID : SA11AI.53265

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESSFull Name (Last, First, Middle Initial)
A. ELIZABETH H MACINTYRE

Mailing Address 2860 COLBY DR

City	State	Zip Code
BOULDER	CO	80305

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2016

Transaction ID : SA11AI.58238

Amount of Each Receipt this Period

150.00

☐ Memo Item
CAMPAIGN CONTRIBUTION
Full Name (Last, First, Middle Initial)
B. IAN MACLEAN

Mailing Address PO BOX 927

City	State	Zip Code
WILSON	WY	83014

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPARK PRODUCTION, LLCOccupation
FILM PRODUCER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

Transaction ID : SA11AI.48697

Amount of Each Receipt this Period

250.00

☐ Memo Item
CAMPAIGN CONTRIBUTION
Full Name (Last, First, Middle Initial)
C. MARSHALL MANLEY

Mailing Address 2475 MARSEILLES DRIVE

City	State	Zip Code
PALM BEACH GARDENS	FL	33410

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2016

Transaction ID : SA11AI.48523

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1400.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROBERT MARLING

A.

Mailing Address 1330 LAKE ROBBINS DRIVE
STE. 100

City	State	Zip Code
THE WOODLANDS	TX	77380

FEC ID number of contributing
federal political committee.

C

Name of Employer
WFG

Occupation
CHAIRMAN/CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		24		2016

Transaction ID : SA11AI.48568

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

VELETTA MARTIN

B.

Mailing Address 526 SARAH LN APT 27

City	State	Zip Code
SAINT LOUIS	MO	63141

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

285.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		14		2016

Transaction ID : SA11AI.58342

Amount of Each Receipt this Period

100.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

VELETTA MARTIN

C.

Mailing Address 526 SARAH LN APT 27

City	State	Zip Code
SAINT LOUIS	MO	63141

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

335.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		14		2016

Transaction ID : SA11AI.58343

Amount of Each Receipt this Period

50.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1150.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JANET S MCAULEY

Mailing Address 255 AVENIDA GRANADA

City

SAN CLEMENTE

State

CA

Zip Code

92672

FEC ID number of contributing
federal political committee.

C

Name of Employer
MACCO PROPERTIESOccupation
PROPERTY OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

Transaction ID : SA11AI.52720

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

PETER L MCCALL JR

Mailing Address 3316 SOCIETY HILL RD

City

SOCIETY HILL

State

SC

Zip Code

29593

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		24		2016

Transaction ID : SA11AI.55633

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

GRANT MCGARRY

Mailing Address 165 BOXELDER LANE

City

ROSWELL

State

GA

Zip Code

30076

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11AI.48914

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

CHARLOTTE R MCGHEE

Mailing Address 3651 N KAREN CT

City

DECATUR

State

IL

Zip Code

62526

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		24		2016

Transaction ID : SA11AI.55644

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAMES MCNEIL

Mailing Address 110 OCEAN DUNES CIRCLE

City

JUPITER

State

FL

Zip Code

33477

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		25		2016

Transaction ID : SA11AI.48582

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOANNE V. MCQUIGG

Mailing Address 12204 TILLINGHAST CIRCLE

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48299

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

DAVID B MELVILLE

A.

Mailing Address 1767 BAR HARBOR DR

City

FORT PIERCE

State

FL

Zip Code

34945

FEC ID number of contributing
federal political committee.

C

Name of Employer
OCEANGROWN INCOccupation
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2016

Transaction ID : SA11AI.60189

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARBARA L METZ

B.

Mailing Address 2111 MALLARD CIR

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2016

Transaction ID : SA11AI.49031

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARBARA L METZ

C.

Mailing Address 2111 MALLARD CIR

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

270.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		09		2016

Transaction ID : SA11AI.53341

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

570.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JIMMY C MEYER

A.

Mailing Address 8103 ROLLING KNOLL CT

City

SPRINGFIELD

State

VA

Zip Code

22153

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2016

Transaction ID : SA11AI.55069

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

SARA G MILLER

B.

Mailing Address 58 WILLOW AVE

City

BROOKVILLE

State

PA

Zip Code

15825

FEC ID number of contributing
federal political committee.

C

Name of Employer

MILLER WELDING & MACHINE COMPANY

Occupation

OFFICE MANAGER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		20		2016

Transaction ID : SA11AI.54916

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARK MIODUSKI

C.

Mailing Address 3449 SLEEPY HOLLOW ROAD

City

FALLS CHURCH

State

VA

Zip Code

22044

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE GOVERNMENT AFFAIRS

Occupation

GOV'T AFFAIRS EXEC.

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA11AI.48212

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) MARIE B MORSE			Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2016	
Mailing Address 3025 WOODCLIFF DR NW			Transaction ID : SA11AI.57215	
City CANTON	State OH	Zip Code 44718	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C				
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00		
B. Full Name (Last, First, Middle Initial) FRANCIS H MUMMA			Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2016	
Mailing Address 2560 N SHERMAN ST			Transaction ID : SA11AI.52979	
City YORK	State PA	Zip Code 17406	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C				
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 220.00		
C. Full Name (Last, First, Middle Initial) FRANCIS H MUMMA			Date of Receipt M M / D D / Y Y Y Y 05 / 24 / 2016	
Mailing Address 2560 N SHERMAN ST			Transaction ID : SA11AI.55605	
City YORK	State PA	Zip Code 17406	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 270.00		
SUBTOTAL of Receipts This Page (optional).....			185.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

FRANCIS H MUMMA

A.

Mailing Address 2560 N SHERMAN ST

City
YORKState
PAZip Code
17406FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

310.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		13		2016

Transaction ID : SA11AI.57954

Amount of Each Receipt this Period

40.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CATHERINE I MURPHY

B.

Mailing Address PO BOX 750006

City
DAYTONState
OHZip Code
45475FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2016

Transaction ID : SA11AI.59257

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOEL MURPHY

C.

Mailing Address 2599 DELLWOOD DRIVE NW

City
ATLANTAState
GAZip Code
30305FEC ID number of contributing
federal political committee.

C

Name of Employer
NMP ADVISORS LLCOccupation
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2016

Transaction ID : SA11AI.48650

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

540.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

WILLIAM NAEGELE

Mailing Address 4300 BAKER RD.

City

MINNETONKA

State

MN

Zip Code

55343

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		14		2016

Transaction ID : SA11AI.61094

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM NAEGELE

Mailing Address 4300 BAKER RD.

City

MINNETONKA

State

MN

Zip Code

55343

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2016

Transaction ID : SA11AI.61320

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOSEPH L NAULT

Mailing Address 100 VISTA BELLA WAY

City

NEWNAN

State

GA

Zip Code

30265

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		14		2016

Transaction ID : SA11AI.58334

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

450.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

CHARLES R. NELSON

A.

Mailing Address 2025 LA PORTE DRIVE

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48305

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

GEORGE E NELSON

B.

Mailing Address PO BOX 8

City

RISING FAWN

State

GA

Zip Code

30738

FEC ID number of contributing
federal political committee.

C

Name of Employer

SE LINEMAN TRAINING CTR

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		06		2016

Transaction ID : SA11AI.48606

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

VELMA L ORTENDAHL

C.

Mailing Address PO BOX 8174

City

PORT ORCHARD

State

WA

Zip Code

98366

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		25		2016

Transaction ID : SA11AI.55993

Amount of Each Receipt this Period

200.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JAMES OSTERHAVEN**A.**

Mailing Address 4243 BROADMOOR AVENUE SE

City

GRAND RAPIDS

State

MI

Zip Code

49512

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUPERIOR FOODS COOccupation
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : SA11AI.48902

Amount of Each Receipt this Period

2700.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MELISSA OSTERHAVEN**B.**

Mailing Address 4243 BROADMOOR AVENUE SE

City

GRAND RAPIDS

State

MI

Zip Code

49512

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKEROccupation
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : SA11AI.61431

Amount of Each Receipt this Period

2700.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

EDITH P PALMER**C.**

Mailing Address 282 LAROE RD

City

CHESTER

State

NY

Zip Code

10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		20		2016

Transaction ID : SA11AI.51834

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5900.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES A PATTERSON Jr.

Mailing Address 615 WILLOWHURST PL

City State Zip Code
LOUISVILLE KY 40223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PATCO INVESTOR

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M	D D	Y Y Y Y
06	14	2016

Transaction ID : SA11AI.58440

Amount of Each Receipt this Period

500.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES A. PATTERSON

Mailing Address 215 5TH STREET, SUITE 100

City State Zip Code
WEST PALM BEACH FL 33401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
4700.00

Date of Receipt

M M	D D	Y Y Y Y
06	21	2016

Transaction ID : SA11AI.48361

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EMMA S PATTIE

Mailing Address 2404 RAYMOND PL

City State Zip Code
HAYMARKET VA 20169

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt

M M	D D	Y Y Y Y
05	23	2016

Transaction ID : SA11AI.55152

Amount of Each Receipt this Period

50.00

☐ Memo Item
CAMPAIGN CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2550.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

EMMA S PATTIE

Mailing Address 2404 RAYMOND PL

City

HAYMARKET

State

VA

Zip Code

20169

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

310.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		13		2016

Transaction ID : SA11AI.57993

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARBARA E PEACOCK

Mailing Address 7286 SNOWBERRY LN

City

CANAL WINCHESTER

State

OH

Zip Code

43110

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

235.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11AI.59810

Amount of Each Receipt this Period

50.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

RICHARD PECHTER

Mailing Address 1 MAGNOLIA PLACE

City

SUMMIT

State

NJ

Zip Code

07901

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : SA11AI.48725

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

PIRJO PEDERSEN

Mailing Address 2560 S OCEAN BLVD, APT 201

City

PALM BEACH

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

VILLAGE ON HIGH RIDGE

Occupation

REGISTERED NURSE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11AI.61327

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

PAUL W PEELER

Mailing Address 11649 LEOPARD ST STE 3

City

CORP CHRISTI

State

TX

Zip Code

78410

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CPA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11AI.56880

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ELLEN C PEIRCE

Mailing Address 2810 HOGAN CT

City

TYLER

State

TX

Zip Code

75709

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11AI.59801

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 78 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

WAYNE C PERELMAN

A.

Mailing Address 4737 SABLE PINE CIR APT C1BLDG

City

WEST PALM BEACH

State

FL

Zip Code

33417

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2016

Transaction ID : SA11AI.58944

Amount of Each Receipt this Period

75.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARY PITCHER

B.

Mailing Address 5331 SUSON HILLS DR

City

SAINT LOUIS

State

MO

Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		04		2016

Transaction ID : SA11AI.49546

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

PHYLLIS J POHL

C.

Mailing Address 10510 LAUREL ESTATES LN

City

LAKE WORTH

State

FL

Zip Code

33449

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

315.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		04		2016

Transaction ID : SA11AI.49528

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

360.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

PHYLLIS J POHL

A.

Mailing Address 10510 LAUREL ESTATES LN

City

LAKE WORTH

State

FL

Zip Code

33449

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		14		2016

Transaction ID : SA11AI.51389

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

PHYLLIS J POHL

B.

Mailing Address 10510 LAUREL ESTATES LN

City

LAKE WORTH

State

FL

Zip Code

33449

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

385.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

Transaction ID : SA11AI.52729

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

PHYLLIS J POHL

C.

Mailing Address 10510 LAUREL ESTATES LN

City

LAKE WORTH

State

FL

Zip Code

33449

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2016

Transaction ID : SA11AI.53254

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

105.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 261

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

PHYLLIS J POHL

Mailing Address 10510 LAUREL ESTATES LN

City

LAKE WORTH

State

FL

Zip Code

33449

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

470.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		24		2016

Transaction ID : SA11AI.55849

Amount of Each Receipt this Period

50.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

PHYLLIS J POHL

Mailing Address 10510 LAUREL ESTATES LN

City

LAKE WORTH

State

FL

Zip Code

33449

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

505.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		15		2016

Transaction ID : SA11AI.58725

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

PAUL J POWERS

Mailing Address 3457 W GULF DR

City

SANIBEL

State

FL

Zip Code

33957

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2016

Transaction ID : SA11AI.55373

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

335.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

KATHRYN PRESSLY

Mailing Address 133 SEASPRAY AVENUE

City

PALM BEACH

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		25		2016

Transaction ID : SA11AI.48575

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CONRAD S PUTZAN

Mailing Address 316 MONCEAUX RD

City

WEST PALM BEACH

State

FL

Zip Code

33405

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2016

Transaction ID : SA11AI.51908

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CONRAD S PUTZAN

Mailing Address 316 MONCEAUX RD

City

WEST PALM BEACH

State

FL

Zip Code

33405

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		10		2016

Transaction ID : SA11AI.53468

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

CONRAD S PUTZAN**A.**

Mailing Address 316 MONCEAUX RD

City

WEST PALM BEACH

State

FL

Zip Code

33405

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		27		2016

Transaction ID : SA11AI.56116

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CONRAD S PUTZAN**B.**

Mailing Address 316 MONCEAUX RD

City

WEST PALM BEACH

State

FL

Zip Code

33405

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2016

Transaction ID : SA11AI.58825

Amount of Each Receipt this Period

50.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BRIAN PUZISS**C.**

Mailing Address PO BOX 6328

City

PORTLAND

State

OR

Zip Code

97228

FEC ID number of contributing
federal political committee.

C

Name of Employer

I.T. MANAGEMENT

Occupation

IT EXEC

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.48413

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1550.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

THOMAS QUINN

A.

Mailing Address 1512 A ST NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

VAN SCOYOC ASSOCIATES

Occupation

LOBBYIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.48456

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Illana Raia

B.

Mailing Address 28 Denison Dr

City

Saddle River

State

NJ

Zip Code

33338

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11AI.48912

Amount of Each Receipt this Period

750.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Lawrence Raia

C.

Mailing Address 28 Denison Dr

City

Saddle River

State

NJ

Zip Code

33338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Raia Properties

Occupation

Managing Director

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11AI.61473

Amount of Each Receipt this Period

750.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 84 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

TINA RAI**A.**

Mailing Address 18 METTOWEE FARMS COURT

City

SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11AI.48919

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CLAIRE L RAINS**B.**

Mailing Address 420 41ST AVE

City

SAN FRANCISCO

State

CA

Zip Code

94121

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11AI.56729

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN RALLIS**C.**

Mailing Address PO BOX 1219

City

NEWPORT BEACH

State

CA

Zip Code

92659

FEC ID number of contributing
federal political committee.

C

Name of Employer

CALIFORNIA EAGLE CORP.

Occupation

CHAIRMAN/EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		10		2016

Transaction ID : SA11AI.53712

Amount of Each Receipt this Period

200.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. JOAN M REESE

Mailing Address 15736 GLENISLE WAY

City

FORT MYERS

State

FL

Zip Code

33912

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : SA11AI.60965

Amount of Each Receipt this Period

300.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Joel Reinstein

Mailing Address 1200 N. Federal Highway
Suite 301

City

Boca Raton

State

FL

Zip Code

33432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Joel Reinstein, P.A.

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2016

Transaction ID : SA11AI.48900

Amount of Each Receipt this Period

1700.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JAMES A REMINGTON

Mailing Address 2300 CEDARFIELD PKWY APT 263

City

HENRICO

State

VA

Zip Code

23233

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2016

Transaction ID : SA11AI.49229

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JAMES A REMINGTON

Mailing Address 2300 CEDARFIELD PKWY APT 263

City

HENRICO

State

VA

Zip Code

23233

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		14		2016

Transaction ID : SA11AI.58460

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM T. RICE

Mailing Address 112 DUKE OF GLOUCESTER STREET

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENERAL ATOMICS AERO SYSTEMS

Occupation

OPERATIONS DIRECTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA11AI.48192

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHARLES A RIGGS

Mailing Address 15 THOMAS POINTE DR

City

FORT THOMAS

State

KY

Zip Code

41075

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		09		2016

Transaction ID : SA11AI.53425

Amount of Each Receipt this Period

50.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 87 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

CHARLES A RIGGS

A.

Mailing Address 15 THOMAS POINTE DR

City

FORT THOMAS

State

KY

Zip Code

41075

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		09		2016

Transaction ID : SA11AI.57730

Amount of Each Receipt this Period

50.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHARLES A RIGGS

B.

Mailing Address 15 THOMAS POINTE DR

City

FORT THOMAS

State

KY

Zip Code

41075

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.59847

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BERNICE M RIPBERGER

C.

Mailing Address 1510 CONTINENTAL DR

City

ZIONSVILLE

State

IN

Zip Code

46077

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		05		2016

Transaction ID : SA11AI.49659

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

400.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

PHILIP E RITCH

Mailing Address 146 KALUAMOO ST

City

KAILUA

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

265.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		05		2016

Transaction ID : SA11AI.59859

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

PHILIP E RITCH

Mailing Address 146 KALUAMOO ST

City

KAILUA

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.60091

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

PHILIP E RITCH

Mailing Address 146 KALUAMOO ST

City

KAILUA

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

335.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2016

Transaction ID : SA11AI.60172

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

105.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

PHILIP E RITCH

Mailing Address 146 KALUAMOO ST

City

KAILUA

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

370.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		10		2016

Transaction ID : SA11AI.60356

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

PHILIP E RITCH

Mailing Address 146 KALUAMOO ST

City

KAILUA

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

415.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11AI.60681

Amount of Each Receipt this Period

45.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

PHILIP E RITCH

Mailing Address 146 KALUAMOO ST

City

KAILUA

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

460.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2016

Transaction ID : SA11AI.58749

Amount of Each Receipt this Period

45.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

125.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Beth Roschman

Mailing Address 80 Bay Colony Lane

City

Fort Lauderdale

State

FL

Zip Code

33308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11Al.48271

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Beth Roschman

Mailing Address 80 Bay Colony Lane

City

Fort Lauderdale

State

FL

Zip Code

33308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11Al.48416

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT J. ROSCHMAN

Mailing Address 1759 SE 10TH STREET

City

FT. LAUDERDALE

State

FL

Zip Code

33316

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE INVESTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11Al.48418

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

WILLIS E ROSE

A.

Mailing Address 2660 E COUNTY ROAD 400 S

City

CONNERSVILLE

State

IN

Zip Code

47331

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2016

Transaction ID : SA11AI.58784

Amount of Each Receipt this Period

75.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

RICHARD A ROTH

B.

Mailing Address 1055 LITCHFIELD PL

City

GALLATIN

State

TN

Zip Code

37066

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		05		2016

Transaction ID : SA11AI.59879

Amount of Each Receipt this Period

50.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

RICHARD A ROTH

C.

Mailing Address 1055 LITCHFIELD PL

City

GALLATIN

State

TN

Zip Code

37066

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11AI.61015

Amount of Each Receipt this Period

50.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

175.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROBERT T RUPP

Mailing Address 2320 PLAZA DEL GRANDE

City

LAS VEGAS

State

NV

Zip Code

89102

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11AI.57162

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT T RUPP

Mailing Address 2320 PLAZA DEL GRANDE

City

LAS VEGAS

State

NV

Zip Code

89102

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11AI.57163

Amount of Each Receipt this Period

200.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

THOMAS H RUSSELL

Mailing Address 12607 S 12TH ST

City

JENKS

State

OK

Zip Code

74037

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11AI.56708

Amount of Each Receipt this Period

2700.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3400.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

ANNE M RYAN

Mailing Address 5402 PENNOCK POINT RD

City

JUPITER

State

FL

Zip Code

33458

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

MUSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.51612

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

STANLEY O SAIZ

Mailing Address 3720 N LINCOLN TRL

City

PLEASANT PLAINS

State

IL

Zip Code

62677

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2016

Transaction ID : SA11AI.52147

Amount of Each Receipt this Period

75.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

STANLEY O SAIZ

Mailing Address 3720 N LINCOLN TRL

City

PLEASANT PLAINS

State

IL

Zip Code

62677

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

465.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

Transaction ID : SA11AI.52675

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

425.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

STANLEY O SAIZ

Mailing Address 3720 N LINCOLN TRL

City

PLEASANT PLAINS

State

IL

Zip Code

62677

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

590.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2016

Transaction ID : SA11AI.53214

Amount of Each Receipt this Period

125.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

STANLEY O SAIZ

Mailing Address 3720 N LINCOLN TRL

City

PLEASANT PLAINS

State

IL

Zip Code

62677

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

840.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		24		2016

Transaction ID : SA11AI.55779

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

STANLEY O SAIZ

Mailing Address 3720 N LINCOLN TRL

City

PLEASANT PLAINS

State

IL

Zip Code

62677

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

965.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		14		2016

Transaction ID : SA11AI.58410

Amount of Each Receipt this Period

125.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

ANTHONY F. SANSONE

A.

Mailing Address 11745 BELLA DONNA COURT

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
SANSONE GROUP

Occupation

REAL ESTATE DEVELOPER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48313

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROSA SCHECHTER

B.

Mailing Address 1139 ALFONSO AVENUE

City

CORAL GABLES

State

FL

Zip Code

33146

FEC ID number of contributing
federal political committee.

C

Name of Employer
LANDSTAR DEVELOPMENT GROUP

Occupation

PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		11		2016

Transaction ID : SA11AI.48527

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DOROTHY M SCHLEICH

C.

Mailing Address 160 E WALNUT ST APT 121

City

CANTON

State

IL

Zip Code

61520

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

209.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		24		2016

Transaction ID : SA11AI.55729

Amount of Each Receipt this Period

52.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1552.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

HOWARD SCHWARTZ**A.**

Mailing Address 456 JUNO DUNES WAY

City

JUNO BEACH

State

FL

Zip Code

33408

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2016

Transaction ID : SA11AI.48602

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DIANE J SCOTT**B.**

Mailing Address 2331 W STEWART

City

PUYALLUP

State

WA

Zip Code

98371

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		14		2016

Transaction ID : SA11AI.58179

Amount of Each Receipt this Period

50.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

STUART B SCUDDER**C.**

Mailing Address 23037 MAPLE AVE

City

TORRANCE

State

CA

Zip Code

90505

FEC ID number of contributing
federal political committee.

C

Name of Employer

LRCCD

Occupation

INSTRUCTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

398.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		24		2016

Transaction ID : SA11AI.55794

Amount of Each Receipt this Period

199.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1249.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

PETE SESSIONS FOR CONGRESS

Mailing Address PO BOX 823047

City

DALLAS

State

TX

Zip Code

75382

FEC ID number of contributing federal political committee.

C H2TX03126

Name of Employer

POLITICAL CAMPAIGN

Occupation

POLITICAL CAMPAIGN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA11AI.48220

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

HERBERT SHEARMailing Address 2660 SOUTH OCEAN BLVD
APT 503W

City

PALM BEACH

State

FL

Zip Code

33480

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		11		2016

Transaction ID : SA11AI.48525

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM H. SHIPPEN

Mailing Address 3037 W. PINE VALLY ROAD NW

City

ATLANTA

State

GA

Zip Code

30305

FEC ID number of contributing federal political committee.

C

Name of Employer

ARA

Occupation

REAL ESTATE SALES

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.48407

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

3500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

MICHAEL SHUPP

Mailing Address 1400 PENNINGTON LANE SOUTH

City

ANNAPOLIS

State

MD

Zip Code

21409

FEC ID number of contributing
federal political committee.

C

Name of Employer

VAN SCOYOC ASSOCIATES

Occupation

LOBBYIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2016

Transaction ID : SA11AI.48468

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

M DEAN SIDBURY

Mailing Address 1436 TALBOT RD

City

PLEASANT GARDEN

State

NC

Zip Code

27313

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		09		2016

Transaction ID : SA11AI.57736

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARBARA SIDEL

Mailing Address 13900 LE HAVRE DRIVE

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48322

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOHN J SIEFFERT JR

A.

Mailing Address 740 RANDALL DR

City

TROY

State

MI

Zip Code

48085

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2016

Transaction ID : SA11AI.53195

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN J SIEFFERT JR

B.

Mailing Address 740 RANDALL DR

City

TROY

State

MI

Zip Code

48085

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2016

Transaction ID : SA11AI.58891

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

FRANKLIN R. SILBEY

C.

Mailing Address 114 VIA MARIPOSA

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48287

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROY F SIMPERMAN

Mailing Address 5609 80TH AVE SE

City

MERCER ISLAND

State

WA

Zip Code

98040

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEMAPHORE CORP.Occupation
CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		06		2016

Transaction ID : SA11AI.57212

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

THOMAS E. SLINEY

Mailing Address 2598 NW 47th STREET

City

BOCA RATON

State

FL

Zip Code

33434

FEC ID number of contributing
federal political committee.

C

Name of Employer
THOMAS E. SLINEY, P.A.Occupation
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		21		2016

Transaction ID : SA11AI.48188

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JANIS L. SMITH

Mailing Address 11610 CHARISMA WAY

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48324

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) LUELLA SPADARO		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 27 / 2016	
Mailing Address 1434 PUNAHOU ST APT 616		Transaction ID : SA11AI.56189	
City HONOLULU	State HI	Zip Code 96822	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
Name of Employer UNEMPLOYED	Occupation UNEMPLOYED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
B. Full Name (Last, First, Middle Initial) MATTHEW M. SPRITZ		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2016	
Mailing Address 60 SW 13TH STREET, 5014		Transaction ID : SA11AI.48354	
City MIAMI	State FL	Zip Code 33130	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
Name of Employer SPRITZ, PA	Occupation ATTORNEY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
C. Full Name (Last, First, Middle Initial) Eugene Squires		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 17 / 2016	
Mailing Address 337 inverness ave		Transaction ID : SA11AI.48545	
City McDonough	State GA	Zip Code 30253	Amount of Each Receipt this Period 199.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
Name of Employer Squires & Fulcher, LLC	Occupation Senior Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 398.00		
SUBTOTAL of Receipts This Page (optional).....		899.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KATHRYN A STAHMANN

Mailing Address **42 N TANGLEWOOD SPUR**

City **SEDONA** State **AZ** Zip Code **86351**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt

M M	D D	Y Y Y Y
04	04	2016

Transaction ID : SA11AI.49462

Amount of Each Receipt this Period

100.00
☐ Memo Item
CAMPAIGN CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KATHRYN A STAHMANN

Mailing Address **42 N TANGLEWOOD SPUR**

City **SEDONA** State **AZ** Zip Code **86351**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
260.00

Date of Receipt

M M	D D	Y Y Y Y
05	02	2016

Transaction ID : SA11AI.52918

Amount of Each Receipt this Period

50.00
☐ Memo Item
CAMPAIGN CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NICK STARLING

Mailing Address **1933 COMMONWEALTH AVENUE**
#204

City **BRIGHTON** State **MA** Zip Code **02135**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VETERANS VENTURE INC** Occupation **CHAIRMAN**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M	D D	Y Y Y Y
06	13	2016

Transaction ID : SA11AI.48629

Amount of Each Receipt this Period

250.00
☐ Memo Item
CAMPAIGN CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

400.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

RONDA J. STARR

Mailing Address 123 VIA MARIPOSA

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48301

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

LUCIUS E STEERE III

Mailing Address 3100 SHORE DR APT 1205

City

VIRGINIA BEACH

State

VA

Zip Code

23451

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2016

Transaction ID : SA11AI.49181

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

LUCIUS E STEERE III

Mailing Address 3100 SHORE DR APT 1205

City

VIRGINIA BEACH

State

VA

Zip Code

23451

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		10		2016

Transaction ID : SA11AI.53696

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JEFFREY STEIN

Mailing Address 5607 GLENRIDGE DRIVE NE
STE 200

City	State	Zip Code
ATLANTA	FL	30342

FEC ID number of contributing
federal political committee.

C

Name of Employer
STEIN INVESTMENT COMPANY

Occupation
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11AI.48917

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

SARAH STERN

Mailing Address 700 STONINGTON ROAD

City	State	Zip Code
SILVER SPRING	MD	20902

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMET

Occupation
DIRECTOR OF A THINK TANK

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2016

Transaction ID : SA11AI.48656

Amount of Each Receipt this Period

500.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Donna Stevens

Mailing Address 2366 Azure Circle

City	State	Zip Code
Palm Beach Gardens	FL	33410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.61341

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) BRADLEY T. STINE			Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2016	
Mailing Address 318 STRATFORD CIRCLE			Transaction ID : SA11AI.48196	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
LOCUST GROVE	VA	22508	<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
FEC ID number of contributing federal political committee.		C		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) RICHARD C STONE			Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2016	
Mailing Address 3939 OCEAN DR APT B401			Transaction ID : SA11AI.59667	
City	State	Zip Code	Amount of Each Receipt this Period 100.00	
VERO BEACH	FL	32963	<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
FEC ID number of contributing federal political committee.		C		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00		
C. Full Name (Last, First, Middle Initial) RUTH O STOVER			Date of Receipt M M / D D / Y Y Y Y 04 / 26 / 2016	
Mailing Address 3223 WOOD DALE RD			Transaction ID : SA11AI.52323	
City	State	Zip Code	Amount of Each Receipt this Period 50.00	
CHESTER	VA	23831	<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
FEC ID number of contributing federal political committee.		C		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 225.00		
SUBTOTAL of Receipts This Page (optional).....			400.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

RUTH O STOVER

Mailing Address 3223 WOOD DALE RD

City

CHESTER

State

VA

Zip Code

23831

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		10		2016

Transaction ID : SA11AI.53576

Amount of Each Receipt this Period

50.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARRY R SULLIVAN

Mailing Address 320 ISLAND CREEK DR

City

VERO BEACH

State

FL

Zip Code

32963

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		14		2016

Transaction ID : SA11AI.51212

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOE TARANTINO

Mailing Address 3840 OVERLAKE DRIVE

City

CUMMING

State

GA

Zip Code

30041

FEC ID number of contributing
federal political committee.

C

Name of Employer

WALKER & DUNLOP

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2016

Transaction ID : SA11AI.48856

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

550.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOE TARANTINO

Mailing Address 3840 OVERLAKE DRIVE

City

CUMMING

State

GA

Zip Code

30041

FEC ID number of contributing
federal political committee.

C

Name of Employer

WALKER & DUNLOP

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2016

Transaction ID : SA11Al.48857

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Deb Tarrant

Mailing Address 1083 Hillsboro Like

City

Hillsboro Beach

State

FL

Zip Code

33062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		26		2016

Transaction ID : SA11Al.48592

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

SEYMOUR TAXMAN

Mailing Address 10822 EGRET POINTE LANE

City

WEST PALM BEACH

State

FL

Zip Code

33412

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11Al.48311

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

2250.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

SEYMOUR TAXMAN

Mailing Address 10822 EGRET POINTE LANE

City

WEST PALM BEACH

State

FL

Zip Code

33412

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48318

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

FLORENE L TEINERT

Mailing Address 2917 PLANTATION DR

City

ROUND ROCK

State

TX

Zip Code

78681

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2016

Transaction ID : SA11AI.59034

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

FLORENE L TEINERT

Mailing Address 2917 PLANTATION DR

City

ROUND ROCK

State

TX

Zip Code

78681

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

245.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2016

Transaction ID : SA11AI.59589

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1570.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

BOB J THOMAS

A.

Mailing Address 2435 FELT ST SPC 41

City

SANTA CRUZ

State

CA

Zip Code

95062

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2016

Transaction ID : SA11AI.49128

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

VIOLET L THOMPSON

B.

Mailing Address 7937 15TH ST N

City

SAINT PAUL

State

MN

Zip Code

55128

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

285.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		24		2016

Transaction ID : SA11AI.55758

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

HELEN S TIERNAN

C.

Mailing Address 15735 DAWN CRST

City

SAN ANTONIO

State

TX

Zip Code

78248

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11AI.56896

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 110 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. RON TIMBLIN

Mailing Address 1500 PACES FERRY NORTH DR.

City

SMYRNA

State

GA

Zip Code

30080

FEC ID number of contributing
federal political committee.

C

Name of Employer

CBRE

Occupation

SENIOR APPRAISER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : SA11AI.48662

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. D LESLIE TINDAL

Mailing Address 1322 LES TINDAL RD

City

PINEWOOD

State

SC

Zip Code

29125

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		10		2016

Transaction ID : SA11AI.53617

Amount of Each Receipt this Period

750.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. D LESLIE TINDAL

Mailing Address 1322 LES TINDAL RD

City

PINEWOOD

State

SC

Zip Code

29125

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2050.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		15		2016

Transaction ID : SA11AI.58645

Amount of Each Receipt this Period

800.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOHN S TOWNSEND JR

Mailing Address 8306 ROAD 3.2 NE

City

MOSES LAKE

State

WA

Zip Code

98837

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11AI.56470

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

GERALD TURNAUER

Mailing Address 10921 NW 3RD STREET

City

PLANTATION

State

FL

Zip Code

33324

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		29		2016

Transaction ID : SA11AI.61293

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

GERALD TURNAUER

Mailing Address 10921 NW 3RD STREET

City

PLANTATION

State

FL

Zip Code

33324

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.61345

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 112 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

MARGARET TURNER

Mailing Address 175 OCEAN AVE

City

ROCKAWAY POINT

State

NY

Zip Code

11697

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEARTSHARE ST VINCENT'S SERVICES

Occupation

MEDICAL CASE MANAGER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		10		2016

Transaction ID : SA11AI.60355

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARGARET TURNER

Mailing Address 175 OCEAN AVE

City

ROCKAWAY POINT

State

NY

Zip Code

11697

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEARTSHARE ST VINCENT'S SERVICES

Occupation

MEDICAL CASE MANAGER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2016

Transaction ID : SA11AI.60893

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

STEVE TWIST

Mailing Address 13870 N. 98TH PLACE

City

SCOTTSDALE

State

AZ

Zip Code

85260

FEC ID number of contributing
federal political committee.

C

Name of Employer

SERVICES GROUP OF AMERICA

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11AI.48921

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 113 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

DONALD THOMAS VALENTINE

A.

Mailing Address 9745 E BAJADA RD

City

SCOTTSDALE

State

AZ

Zip Code

85262

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEQUOIA CAPITALOccupation
INVESTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2016

Transaction ID : SA11AI.49257

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DONALD THOMAS VALENTINE

B.

Mailing Address 9745 E BAJADA RD

City

SCOTTSDALE

State

AZ

Zip Code

85262

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEQUOIA CAPITALOccupation
INVESTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11AI.57062

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

GENE VALENTINE

C.

Mailing Address 1500 BRINKER ROAD
PO BOX 31

City

WELLSBURG

State

WV

Zip Code

26070

FEC ID number of contributing
federal political committee.

C

Name of Employer
FINANCIAL WEST GROUPOccupation
SECURITIES DEALER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2016

Transaction ID : SA11AI.61234

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

375.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GENE VALENTINE

Mailing Address 1500 BRINKER ROAD

PO BOX 31

City

WELLSBURG

State

WV

Zip Code

26070

FEC ID number of contributing
federal political committee.

C

Name of Employer

FINANCIAL WEST GROUP

Occupation

SECURITIES DEALER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		22		2016

Transaction ID : SA11AI.61309

Amount of Each Receipt this Period

25.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. EVELYN E VINTON

Mailing Address 14707 NORTHVILLE RD APT 231

City

PLYMOUTH

State

MI

Zip Code

48170

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		24		2016

Transaction ID : SA11AI.55856

Amount of Each Receipt this Period

10.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. EVELYN E VINTON

Mailing Address 14707 NORTHVILLE RD APT 231

City

PLYMOUTH

State

MI

Zip Code

48170

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		03		2016

Transaction ID : SA11AI.57182

Amount of Each Receipt this Period

50.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

85.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

RICHARD A VOELL

Mailing Address 13611 DEERING BAY DR

City

CORAL GABLES

State

FL

Zip Code

33158

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		11		2016

Transaction ID : SA11AI.60392

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

RICHARD A VOELL

Mailing Address 13611 DEERING BAY DR

City

CORAL GABLES

State

FL

Zip Code

33158

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		19		2016

Transaction ID : SA11AI.60469

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT VOTAW

Mailing Address 1240 WALES DR

City

FORT MYERS

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEDESWOOD INC.

Occupation

CONSTRUCTION EXEC.

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2016

Transaction ID : SA11AI.50297

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JEARL D WALKER

Mailing Address 6917 BAL LAKE DR

City

FORT WORTH

State

TX

Zip Code

76116

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

215.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2016

Transaction ID : SA11AI.59545

Amount of Each Receipt this Period

50.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JERRI K WALLACE

Mailing Address 109 GLENROSE LN

City

CARY

State

NC

Zip Code

27518

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

235.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		24		2016

Transaction ID : SA11AI.55620

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JERRI K WALLACE

Mailing Address 109 GLENROSE LN

City

CARY

State

NC

Zip Code

27518

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

285.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2016

Transaction ID : SA11AI.60951

Amount of Each Receipt this Period

50.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

135.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

DAVID WALSH

A.

Mailing Address P.O.BOX 11450

City

JACKSON

State

WY

Zip Code

83002

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		18		2016

Transaction ID : SA11AI.48551

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

KEVIN WALSH

B.

Mailing Address 374 LAKE FORREST LANE

City

ATLANTA

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

W&D

Occupation

RE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2016

Transaction ID : SA11AI.48854

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL G. WALSH

C.

Mailing Address 150 ENCLAVE CIRCLE

City

ATLANTA

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.48409

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

STEPHEN WALTMAN

A.

Mailing Address 35 FRONTENAC ESTATES DR

City

SAINT LOUIS

State

MO

Zip Code

63131

FEC ID number of contributing
federal political committee.

C

Name of Employer

STEPHEN R. WALTMAN, M.D.

Occupation

OPHTHAMOLOGIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

Transaction ID : SA11AI.57666

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

TIM WARNER

B.

Mailing Address 1090 CUMBERLAND ROAD

City

ATLANTA

State

GA

Zip Code

30306

FEC ID number of contributing
federal political committee.

C

Name of Employer

CBRE

Occupation

APPRAISER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2016

Transaction ID : SA11AI.48658

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ANNIE H WEEKS

C.

Mailing Address 3411 ROCK LN

City

IRONDALE

State

AL

Zip Code

35210

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Transaction ID : SA11AI.56666

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

ANNIE H WEEKS

Mailing Address 3411 ROCK LN

City

IRONDALE

State

AL

Zip Code

35210

FEC ID number of contributing federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		14		2016

Transaction ID : SA11AI.58298

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

KARL WEILERMailing Address 160 NORTH POINTE BOULEVARD
SUITE 200

City

LANCASTER

State

PA

Zip Code

17601

FEC ID number of contributing federal political committee.

C

Name of Employer

WEILER CORPORATION

Occupation

CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48307

Amount of Each Receipt this Period

500.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM E. WEISBERG

Mailing Address 11759 ELINA COURT

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.48326

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

CRAIG WEST

Mailing Address 509 PINETREE DRIVE, NE

City

Atlanta

State

GA

Zip Code

30305

FEC ID number of contributing
federal political committee.

C

Name of Employer
WALKER & DUNLOPOccupation
REAL ESTATE FINANCE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11AI.48907

Amount of Each Receipt this Period

1200.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CRAIG WEST

Mailing Address 509 PINETREE DRIVE, NE

City

Atlanta

State

GA

Zip Code

30305

FEC ID number of contributing
federal political committee.

C

Name of Employer
WALKER & DUNLOPOccupation
REAL ESTATE FINANCE

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11AI.61435

Amount of Each Receipt this Period

300.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BROOKE N WESTOVER

Mailing Address 1950 SW PALM CITY RD APT 14205

City

STUART

State

FL

Zip Code

34994

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		07		2016

Transaction ID : SA11AI.57419

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 121 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOSEPH WIGTON

A.

Mailing Address 16382 28TH PL NE

City

SHORELINE

State

WA

Zip Code

98155

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF WASHINGTON, SEATTLE, W

Occupation

INFORMATION SECURITY OFFICER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		21		2016

Transaction ID : SA11AI.61187

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JEAN D WILLIAMS

B.

Mailing Address 1407 SHARON RD

City

TALLAHASSEE

State

FL

Zip Code

32303

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2016

Transaction ID : SA11AI.49272

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JEAN D WILLIAMS

C.

Mailing Address 1407 SHARON RD

City

TALLAHASSEE

State

FL

Zip Code

32303

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2016

Transaction ID : SA11AI.51094

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JEAN D WILLIAMS

A.

Mailing Address 1407 SHARON RD

City

TALLAHASSEE

State

FL

Zip Code

32303

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		11		2016

Transaction ID : SA11AI.53820

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JEAN D WILLIAMS

B.

Mailing Address 1407 SHARON RD

City

TALLAHASSEE

State

FL

Zip Code

32303

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		06		2016

Transaction ID : SA11AI.57377

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JEAN D WILLIAMS

C.

Mailing Address 1407 SHARON RD

City

TALLAHASSEE

State

FL

Zip Code

32303

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2016

Transaction ID : SA11AI.59049

Amount of Each Receipt this Period

300.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

HILDA L WILSON

Mailing Address 608 S TUGALOO ST

City

WALHALLA

State

SC

Zip Code

29691

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

235.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		11		2016

Transaction ID : SA11AI.60401

Amount of Each Receipt this Period

100.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

W PATRICK WILSON

Mailing Address 1701 16TH ST. NW.

APT 125

City

WASHINGTON

State

DC

Zip Code

20009

FEC ID number of contributing
federal political committee.

C

Name of Employer

CUMMINS INC

Occupation

GOVERNMENT AFFAIRS/VETERAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		20		2016

Transaction ID : SA11AI.48562

Amount of Each Receipt this Period

250.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BONNIE JEAN WOLFGRAM MD

Mailing Address 2335 PATRIOT LN

City

OSHKOSH

State

WI

Zip Code

54904

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		31		2016

Transaction ID : SA11AI.56328

Amount of Each Receipt this Period

25.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

375.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 124 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

W. CHANDLER WONDERLY

Mailing Address 3411 STATE ROAD

City

BAKERSFIELD

State

CA

Zip Code

93308

FEC ID number of contributing
federal political committee.

C

Name of Employer
OLYMPUS PROPERTYOccupation
PROPERTY MANAGER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.48411

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JASON WORMSER

Mailing Address 2109 VANDERBILT LANE #B

City

REDONDO BEACH

State

CA

Zip Code

90278

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOX SPORTSOccupation
VP PRODUCTION

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2016

Transaction ID : SA11AI.48810

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

BILL G W YEE

Mailing Address 10161 HERONWOOD LANE

City

WEST PALM BEACH

State

FL

Zip Code

33412

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.48401

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

DOROTHY K YOUNG

A.

Mailing Address 4328 N HALL ST

City

DALLAS

State

TX

Zip Code

75219

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		25		2016

Transaction ID : SA11AI.55917

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DOROTHY K YOUNG

B.

Mailing Address 4328 N HALL ST

City

DALLAS

State

TX

Zip Code

75219

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

255.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		15		2016

Transaction ID : SA11AI.58593

Amount of Each Receipt this Period

35.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHNNY ZAMRZLA

C.

Mailing Address 2229 EAST AVENUE Q

City

PALMDALE

State

CA

Zip Code

93550

FEC ID number of contributing
federal political committee.

C

Name of Employer

WESTERN PACIFIC

Occupation

ROOFING & SHEETMETAL CONTRACTORS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2016

Transaction ID : SA11AI.48504

Amount of Each Receipt this Period

225.00

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

295.00

142252.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) AMERICAN PRINCIPLES		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2016	
Mailing Address 20533 BISCAYNE BLVD #250		Transaction ID : SA11C.61472	
City MIAMI	State FL	Zip Code 33180	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C C00492579		<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
Name of Employer	Occupation		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7000.00		
B. Full Name (Last, First, Middle Initial) AMERICAN PRINCIPLES		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2016	
Mailing Address 20533 BISCAYNE BLVD #250		Transaction ID : SA11C.61479	
City MIAMI	State FL	Zip Code 33180	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C C00492579		<input type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
Name of Employer	Occupation		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 9700.00		
C. Full Name (Last, First, Middle Initial) WILLIAM HUBBELL		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2016	
Mailing Address 20533 BISCAYNE BOULEVARD #250		Transaction ID : SA11C.61479.0	
City MIAMI	State FL	Zip Code 33180	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation INVESTOR		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		
SUBTOTAL of Receipts This Page (optional).....		3200.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BELIEVE IN LIFE LIBERTY YOURSELF

Mailing Address 3246 E. RIDGEVIEW STREET

City SPRINGFIELD	State MO	Zip Code 65804
---------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C C00559146

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

05 / **12** / **2016**

Transaction ID : SA11C.48315

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DEFENDERS OF FREEDOM & SECURITY

Mailing Address 2423 C. STREET
 #11

City SACRAMENTO	State CA	Zip Code 95816
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C C00536664

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

05 / **12** / **2016**

Transaction ID : SA11C.48289

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FORD MOTOR COMPANY CIVIC ACTION FUND

Mailing Address THE AMERICAN ROAD

City DEARBORN	State MI	Zip Code 48121
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C C00046474

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

06 / **30** / **2016**

Transaction ID : SA11C.48389

Amount of Each Receipt this Period

2500.00

☐ Memo Item
 CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

3750.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

MAST VICTORY COMMITTEE**A.**

Mailing Address 824 S MILLEDGE AVE STE 101

City

ATHENS

State

GA

Zip Code

30605

FEC ID number of contributing
federal political committee.**C** C00583161

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

53931.57

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	21	/	2016

Transaction ID : SA12.48225

Amount of Each Receipt this Period

42357.55

☐ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

SHARON BENSON**B.**

Mailing Address 10843 NW 2ND STREET

City

PLANTATION

State

FL

Zip Code

33324

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

HOMEMAKER

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	21	/	2016

Transaction ID : SA12.48225.0

Amount of Each Receipt this Period

1000.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

RONALD M BERGERON Sr.**C.**

Mailing Address 19612 SW 69TH PLACE

City

FT. LAUDERDALE

State

FL

Zip Code

33332

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

BERGERON LAND DEVELOPMENT

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	21	/	2016

Transaction ID : SA12.48225.2

Amount of Each Receipt this Period

1000.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

42357.55

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

STEPHEN M ROSS

Mailing Address 25 COLUMBUS CIRCLE PH 80

City

NEW YORK

State

NY

Zip Code

10019

FEC ID number of contributing
federal political committee.

C

Name of Employer

RELATED COMPANIES

Occupation

CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.3

Amount of Each Receipt this Period

2700.00

☒ Memo Item

CAMPAIGN CONTRIBUTIONS

Full Name (Last, First, Middle Initial)

KARA ROSS

Mailing Address 25 COLUMBUS CIRCLE PH 80

City

NEW YORK

State

NY

Zip Code

10019

FEC ID number of contributing
federal political committee.

C

Name of Employer

KARA ROSS LLC

Occupation

DESIGNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.4

Amount of Each Receipt this Period

2700.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

DEBORAH WEINTSTEIN

Mailing Address 2927 RHONE ROAD

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.5

Amount of Each Receipt this Period

2700.00

☒ Memo Item

CAMPAIGN CONTRIBUTIONS

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

SCOTT J COOPER

A.

Mailing Address 5959 COLLINS AVENUE #1107

City

MIAMI BEACH

State

FL

Zip Code

33140

FEC ID number of contributing
federal political committee.

C

Name of Employer

WORLD PATENT MARKET

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.6

Amount of Each Receipt this Period

2700.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

RICK KAISER

B.

Mailing Address 3300 N HIGHWAY A1A

City

FORT PIERCE

State

FL

Zip Code

34949

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAVY SEALL MUSEUM

Occupation

EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.7

Amount of Each Receipt this Period

1500.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

LOTHAR MAYER

C.

Mailing Address 7098 ALYSHIRE LANE

City

BOCA RATON

State

FL

Zip Code

33496

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.8

Amount of Each Receipt this Period

2500.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOHN FEROLITO

Mailing Address 1135 HILLSBORO MILE

City

HILLSBORO BEACH

State

FL

Zip Code

33062

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.9

Amount of Each Receipt this Period

1000.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT L. CRIPPEN

Mailing Address 781 HARBOUR ISLE PL

City

WEST PALM BEACH

State

FL

Zip Code

33410-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.10

Amount of Each Receipt this Period

200.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM J DIAMOND

Mailing Address 220 WELLS ROAD

City

PALM BEACH

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.11

Amount of Each Receipt this Period

1000.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

PHILIP ODEEN

Mailing Address 11050 TURTLE BEACH ROAD

C-202

City

NORTH PALM BEACH

State

FL

Zip Code

33408

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.12

Amount of Each Receipt this Period

500.00

☒ Memo Item

CAMPAING CONTRIBUTION

Full Name (Last, First, Middle Initial)

ALLEN M ROSENBLUM

Mailing Address 8923 IA PRESTIGO W

City

WELLINGTON

State

FL

Zip Code

33411

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.13

Amount of Each Receipt this Period

250.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

STEVEN E STERN

Mailing Address 184 BRADLEY PL

City

PALM BEACH

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.14

Amount of Each Receipt this Period

1000.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

CYRUS F FREIDHEIM Jr.

Mailing Address 11105 OLD HARBOUR ROAD

City

NORTH PALM BEACH

State

FL

Zip Code

33408

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.15

Amount of Each Receipt this Period

2700.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARGUERITE FREIDHEIM

Mailing Address 11105 OLD HARBOUR ROAD

City

NORTH PALM BEACH

State

FL

Zip Code

33408

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.16

Amount of Each Receipt this Period

2700.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

VIRGINIA E COZAD

Mailing Address 12094 LOST TREE WAY

City

NORTH PALM BEACH

State

FL

Zip Code

33408

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.17

Amount of Each Receipt this Period

2700.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

JAMES D BENNETT

Mailing Address 925 PALM WAY ROAD

City

NORTH PALM BEACH

State

FL

Zip Code

33408

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.18

Amount of Each Receipt this Period

250.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOSEPH KORFF

Mailing Address 5310 NORTH OCEAN DRIVE

City

Singer Island

State

FL

Zip Code

33404

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARC DEVELOPMENT

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.19

Amount of Each Receipt this Period

500.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

SHARON K REBACK

Mailing Address 11235 OLD HARBOUR ROAD

City

NORTH PALM BEACH

State

FL

Zip Code

33408

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.20

Amount of Each Receipt this Period

500.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial) LESLEY S SMITH		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2016
Mailing Address 300 CHAPEL HILL ROAD		Transaction ID : SA12.48225.22
City PALM BEACH	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED	<input checked="" type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) DAN COLUSSY		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2016
Mailing Address 161 BEARS CLUB DRIVE		Transaction ID : SA12.48225.23
City JUPITER	State FL	Zip Code 33477
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED	<input checked="" type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) ROBERT MEISTER		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2016
Mailing Address 101 SEMINOLE AVENUE		Transaction ID : SA12.48225.24
City PALM BEACH	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AON RISK SERVICES	Occupation INSURANCE AGENT	<input checked="" type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

STANLEY G TATE

Mailing Address 1175 NE 125TH ST STE 102

City
NORTH MIAMI

State Zip Code
FL 33161

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 21 / 2016

Transaction ID : SA12.48225.25

Amount of Each Receipt this Period

1000.00

☒ Memo Item
CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

EDWARD J QUINN

Mailing Address 1207 HILLSBORO MILE

City
HILLSBORO BEACH

State Zip Code
FL 33062

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3400.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 21 / 2016

Transaction ID : SA12.48225.26

Amount of Each Receipt this Period

2700.00

☒ Memo Item
CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILMA MARCUS

Mailing Address 7179 AYRSHIRE LANE

City
BOCA RATON

State Zip Code
FL 33496

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 21 / 2016

Transaction ID : SA12.48225.27

Amount of Each Receipt this Period

2700.00

☒ Memo Item
CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

BERNARD MARCUS

A.

Mailing Address 1266 WEST PACES FERRY ROAD, #61

City

ATLANTA

State

GA

Zip Code

30327

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.28

Amount of Each Receipt this Period

2700.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

CAROLYN MAYER

B.

Mailing Address 7098 ALYSHIRE LANE

City

BOCA RATON

State

FL

Zip Code

33432

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.29

Amount of Each Receipt this Period

2500.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARTA BATMASIAN

C.

Mailing Address 144 NW 4TH AVE

City

Boca Raton

State

FL

Zip Code

33432

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.30

Amount of Each Receipt this Period

2700.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 139 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

PETER DENTON

Mailing Address 2660 S. OCEAN BOULEVARD
UNIT 103S

City	State	Zip Code
PALM BEACH	FL	33480

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.31

Amount of Each Receipt this Period

1000.00

☒ Memo Item
CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Brian Neff

Mailing Address 7133 Fisher Island Dr

City	State	Zip Code
Miami Beach	FL	33109

FEC ID number of contributing
federal political committee.

C

Name of Employer
CTS Engines

Occupation
Executive

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.33

Amount of Each Receipt this Period

2700.00

☒ Memo Item
CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN SCARPA

Mailing Address PO BOX 1000

City	State	Zip Code
PLEASNATVILLE	NJ	08332

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
INVESTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2016

Transaction ID : SA12.48225.34

Amount of Each Receipt this Period

500.00

☒ Memo Item
CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 OF 261

(check only one)

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) DEBORAH WEINSTEIN			Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2016	
Mailing Address 2927 RHONE ROAD			Transaction ID : SA12.48225.35	
City	State	Zip Code		
PALM BEACH GARDENS	FL	33410		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 2500.00	
Name of Employer RETIRED		Occupation RETIRED	<input checked="" type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00		
B. Full Name (Last, First, Middle Initial) THOMAS LITLE			Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2016	
Mailing Address 1 TARA BOULEVARD			Transaction ID : SA12.48225.36	
City	State	Zip Code		
NASHUA	NH	03062		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 2700.00	
Name of Employer RETIRED		Occupation RETIRED	<input checked="" type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00		
C. Full Name (Last, First, Middle Initial) JOYCE FISHER			Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2016	
Mailing Address 137 BEARS CLUB DRIVE			Transaction ID : SA12.48225.37	
City	State	Zip Code		
JUPITER	FL	33458		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 2700.00	
Name of Employer RETIRED		Occupation RETIRED	<input checked="" type="checkbox"/> Memo Item CAMPAIGN CONTRIBUTION	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00		
SUBTOTAL of Receipts This Page (optional).....			0.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 141 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. JACK LIGHTBOCY

Mailing Address 4424 RICER SHORE DRIVE

City

NEW BERN

State

NC

Zip Code

28560

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2016

Transaction ID : SA12.48225.38

Amount of Each Receipt this Period

250.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ROBERT QUINN

Mailing Address PO BOX 8020

City

GARDEN CITY

State

NY

Zip Code

11530

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2016

Transaction ID : SA12.48225.39

Amount of Each Receipt this Period

1000.00

☒ Memo Item

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MAST VICTORY COMMITTEE

Mailing Address 824 S MILLEDGE AVE
STE 101

City

ATHENS

State

GA

Zip Code

30605

FEC ID number of contributing
federal political committee.

C C00583161

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

48018.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2016

Transaction ID : SA12.48226

Amount of Each Receipt this Period

3758.93

☐ Memo Item

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3758.93

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 OF 261

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) LAWRENCE F DEGEORGE		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2016	
Mailing Address 140 INTERCOASTAL POINTE DRIVE STE 410		Transaction ID : SA12.48226.0	
City JUPITER	State FL	Zip Code 33477	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer LPL MANAGEMENT	Occupation PRESIDENT		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		
B. Full Name (Last, First, Middle Initial) SUZANNE NIEDLAND		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2016	
Mailing Address 140 INTRACOASTAL POINTE DRIVE		Transaction ID : SA12.48226.1	
City JUPITER	State FL	Zip Code 33468	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer ELF-EMPLOYED	Occupation FILM PRODUCER		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....		0.00	
TOTAL This Period (last page this line number only).....		46116.48	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 143 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ALLIED PRINTING RESOURCES

Mailing Address 33 COMMERCE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

City	State	Zip Code
CARLSTADT	NJ	07072

Amount of Each Disbursement this Period

2109.38

Purpose of Disbursement
DATA: MAIL LIST PROCESSINGCategory/
Type☐ Memo Item

Transaction ID : SB17.48000

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD, MD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

City	State	Zip Code
FORT WORTH	TX	76155

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement
AIRFARECategory/
Type☐ Memo Item

Transaction ID : SB17.47744

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD, MD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

City	State	Zip Code
FORT WORTH	TX	76155

Amount of Each Disbursement this Period

160.10

Purpose of Disbursement
AIRFARECategory/
Type☐ Memo Item

Transaction ID : SB17.47802

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2294.48

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD, MD

City	State	Zip Code
FORT WORTH	TX	76155

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

160.10

☐ Memo Item

Transaction ID : SB17.47803

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD, MD

City	State	Zip Code
FORT WORTH	TX	76155

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

160.10

☐ Memo Item

Transaction ID : SB17.47804

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD, MD

City	State	Zip Code
FORT WORTH	TX	76155

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

160.10

☐ Memo Item

Transaction ID : SB17.47805

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

480.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD, MD

City	State	Zip Code
FORT WORTH	TX	76155

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

Amount of Each Disbursement this Period

441.20

☐ Memo Item

Transaction ID : SB17.47853

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD, MD

City	State	Zip Code
FORT WORTH	TX	76155

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2016

Amount of Each Disbursement this Period

372.20

☐ Memo Item

Transaction ID : SB17.47875

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD, MD

City	State	Zip Code
FORT WORTH	TX	76155

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

Amount of Each Disbursement this Period

98.10

☐ Memo Item

Transaction ID : SB17.47931

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

911.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 146 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD, MD

City	State	Zip Code
FORT WORTH	TX	76155

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

Amount of Each Disbursement this Period

259.00

☐ Memo Item

Transaction ID : SB17.47947

B. ATT

Mailing Address 208 S. AKARD STREET

City	State	Zip Code
DALLAS	TX	75202

Purpose of Disbursement
PHONE SERVICE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

Amount of Each Disbursement this Period

189.15

☐ Memo Item

Transaction ID : SB17.47866

C. AUTO OWNERS INSURANCE

Mailing Address 6101 Anacapi Blvd.

City	State	Zip Code
Lansing	MI	48917

Purpose of Disbursement
AUTO INSURANCE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

436.00

☐ Memo Item

Transaction ID : SB17.47889

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

884.15

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 147 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BESTBUY.COM

Mailing Address 7601 PENN AVENUE SOUTH

City	State	Zip Code
RICHFIELD	MN	55423

Purpose of Disbursement
VIDEO CAMERA

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 26 / 2016

Amount of Each Disbursement this Period

264.99

☐ Memo Item

Transaction ID : SB17.47814

B. BIG LOTS STORES

Mailing Address 2236 SE Federal Hwy

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
CAMPAIGN SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 06 / 2016

Amount of Each Disbursement this Period

64.65

☐ Memo Item

Transaction ID : SB17.47857

C. BIG LOTS STORES

Mailing Address 2236 SE Federal Hwy

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
CAMPAIGN SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 06 / 2016

Amount of Each Disbursement this Period

-26.50

☐ Memo Item

Transaction ID : SB17.47865

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

303.14

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BOBBY VAN'S GRILL

Mailing Address 1201 NY AVENUE

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement
CATERING COST

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

715.48

☐ Memo Item

Transaction ID : SB17.47466

B. CARLOS CARDENASMailing Address 9500 SW 3RD STREET
APT B247

City	State	Zip Code
BOCA RATON	FL	33428

Purpose of Disbursement
CAMPAIGN WORK

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

794.70

☐ Memo Item

Transaction ID : SB17.47453

C. CARLOS CARDENASMailing Address 9500 SW 3RD STREET
APT B247

City	State	Zip Code
BOCA RATON	FL	33428

Purpose of Disbursement
CAMPAIGN WORK

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2016

Amount of Each Disbursement this Period

294.00

☐ Memo Item

Transaction ID : SB17.47454

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1804.18

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 149 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CARLOS CARDENASMailing Address 9500 SW 3RD STREET
APT B247

City BOCA RATON State FL Zip Code 33428

Purpose of Disbursement
CAMPAIGN WORK

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

460.00

☐ Memo Item

Transaction ID : SB17.47459

B. CARLOS CARDENASMailing Address 9500 SW 3RD STREET
APT B247

City BOCA RATON State FL Zip Code 33428

Purpose of Disbursement
CAMPAIGN WORK

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2016

Amount of Each Disbursement this Period

460.00

☐ Memo Item

Transaction ID : SB17.47462

C. CARLOS CARDENASMailing Address 9500 SW 3RD STREET
APT B247

City BOCA RATON State FL Zip Code 33428

Purpose of Disbursement
CAMPAIGN WORK

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2016

Amount of Each Disbursement this Period

532.09

☐ Memo Item

Transaction ID : SB17.47509

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1452.09

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CARLOS CARDENASMailing Address 9500 SW 3RD STREET
APT B247

City BOCA RATON State FL Zip Code 33428

Purpose of Disbursement
CAMPAIGN WORK

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

Amount of Each Disbursement this Period

231.81

☐ Memo Item

Transaction ID : SB17.47528

B. CARLOS CARDENASMailing Address 9500 SW 3RD STREET
APT B247

City BOCA RATON State FL Zip Code 33428

Purpose of Disbursement
CAMPAIGN WORK

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

Amount of Each Disbursement this Period

430.12

☐ Memo Item

Transaction ID : SB17.47535

C. CARLOS CARDENASMailing Address 9500 SW 3RD STREET
APT B247

City BOCA RATON State FL Zip Code 33428

Purpose of Disbursement
CAMPAIGN WORK

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

511.77

☐ Memo Item

Transaction ID : SB17.47556

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1173.70

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CARLOS CARDENASMailing Address 9500 SW 3RD STREET
APT B247

City BOCA RATON State FL Zip Code 33428

Purpose of Disbursement
CAMPAIGN WORK

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : SB17.47569

B. CARLOS CARDENASMailing Address 9500 SW 3RD STREET
APT B247

City BOCA RATON State FL Zip Code 33428

Purpose of Disbursement
CAMPAIGN WORK

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : SB17.47570

C. CARLOS CARDENASMailing Address 9500 SW 3RD STREET
APT B247

City BOCA RATON State FL Zip Code 33428

Purpose of Disbursement
CAMPAIGN WORK

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : SB17.47577

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 152 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CARLOS CARDENASMailing Address 9500 SW 3RD STREET
APT B247

City BOCA RATON State FL Zip Code 33428

Purpose of Disbursement
CAMPAIGN WORK

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : SB17.47590

B. CARLOS CARDENASMailing Address 9500 SW 3RD STREET
APT B247

City BOCA RATON State FL Zip Code 33428

Purpose of Disbursement
CAMPAIGN WORK

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2016

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Transaction ID : SB17.47589

C. CHICK-FIL-A

Mailing Address 2930 SE FEDERAL HIGHWAY

City STUART State FL Zip Code 34994

Purpose of Disbursement
CAMPAIGN MEALS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

Amount of Each Disbursement this Period

274.81

☐ Memo Item

Transaction ID : SB17.47855

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1024.81

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CHICK-FIL-A

Mailing Address 2930 SE FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
CAMPAIGN MEALS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

Amount of Each Disbursement this Period

4	3	2	1	0	9	8	7	6	5	4	3	2	1	0	.	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

☐ Memo Item

Transaction ID : SB17.47864

B. CHICK-FIL-A

Mailing Address 2930 SE FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
CAMPAIGN MEALS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

☐ Memo Item

Transaction ID : SB17.47930

C. CITY OF PORT ST. LUCIEMailing Address 121 SW PORT ST. LUCIE BLVD
BLDG B

City	State	Zip Code
PORT ST. LUCIE	FL	34984

Purpose of Disbursement
BOND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2016

Amount of Each Disbursement this Period

2	5	0	.	0	0
---	---	---	---	---	---

☐ Memo Item

Transaction ID : SB17.47606

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4	0	7	.	0	8
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CITY OF STUART

Mailing Address 300 SE STYPMANN BLVD

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

283.91

☐ Memo Item

Transaction ID : SB17.47761

B. COLORTREE GROUP, INC.

Mailing Address 8000 VILLA PARK DR

City	State	Zip Code
RICHMOND	VA	23228

Purpose of Disbursement
CAGING AND ESCROW

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

3947.52

☐ Memo Item

Transaction ID : SB17.47982

C. COLORTREE GROUP, INC.

Mailing Address 8000 VILLA PARK DR

City	State	Zip Code
RICHMOND	VA	23228

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

3900.00

☐ Memo Item

Transaction ID : SB17.48001

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8131.43

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 155 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. COLORTREE GROUP INC

Mailing Address 8000 VILLA PARK DR

City	State	Zip Code
RICHMOND	VA	23228

Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 19 / 2016

Amount of Each Disbursement this Period

990.00

☐ Memo Item

Transaction ID : SB17.48051

B. COLORTREE GROUP INC

Mailing Address 8000 VILLA PARK DR

City	State	Zip Code
RICHMOND	VA	23228

Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 26 / 2016

Amount of Each Disbursement this Period

5234.90

☐ Memo Item

Transaction ID : SB17.48059

C. COLORTREE GROUP INC.

Mailing Address 8000 VILLA PARK DR

City	State	Zip Code
RICHMOND	VA	23228

Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 02 / 2016

Amount of Each Disbursement this Period

5940.00

☐ Memo Item

Transaction ID : SB17.48068

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12164.90

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. COLORTREE GROUP INC.

Mailing Address 8000 VILLA PARK DR

City	State	Zip Code
RICHMOND	VA	23228

Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

Amount of Each Disbursement this Period

5692.50

☐ Memo Item

Transaction ID : SB17.48104

B. COLORTREE GROUP INC.

Mailing Address 8000 VILLA PARK DR

City	State	Zip Code
RICHMOND	VA	23228

Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

Amount of Each Disbursement this Period

3328.88

☐ Memo Item

Transaction ID : SB17.48110

C. CONVERGENET VOICE, LLCMailing Address 3055 CARDINAL DRIVE
SUITE 107

City	State	Zip Code
VERO BEACH	FL	32963

Purpose of Disbursement
UNLIMITED VOICE CALLS

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

Amount of Each Disbursement this Period

563.28

☐ Memo Item

Transaction ID : SB17.47580

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9584.66

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CORPORATE PRESS, INC.

Mailing Address 9700 PHILADELPHIA COURT

City	State	Zip Code
LANHAM	MD	20706

Purpose of Disbursement
SHIPPING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 07 / 2016

Amount of Each Disbursement this Period

4721.90

☐ Memo Item

Transaction ID : SB17.47984

B. CORPORATE PRESS INC.

Mailing Address 9700 PHILADELPHIA COURT

City	State	Zip Code
LANHAM	MD	20706

Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 02 / 2016

Amount of Each Disbursement this Period

2146.04

☐ Memo Item

Transaction ID : SB17.48070

C. COURTYARD BY MARRIOTT

Mailing Address 7615 SW LOST RIVER ROAD

City	State	Zip Code
STUART	FL	34997

Purpose of Disbursement
HOTEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 04 / 2016

Amount of Each Disbursement this Period

150.96

☐ Memo Item

Transaction ID : SB17.47625

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7018.90

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. COURTYARD BY MARRIOTT

Mailing Address 7615 SW LOST RIVER ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2016

City	State	Zip Code
STUART	FL	34997

Amount of Each Disbursement this Period

206.18

Purpose of Disbursement
HOTELCategory/
Type☐ Memo Item

Transaction ID : SB17.47675

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. COURTYARD BY MARRIOTT

Mailing Address 7615 SW LOST RIVER ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

City	State	Zip Code
STUART	FL	34997

Amount of Each Disbursement this Period

253.12

Purpose of Disbursement
HOTELCategory/
Type☐ Memo Item

Transaction ID : SB17.47690

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. COURTYARD BY MARRIOTT

Mailing Address 7615 SW LOST RIVER ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

City	State	Zip Code
STUART	FL	34997

Amount of Each Disbursement this Period

8.25

Purpose of Disbursement
HOTELCategory/
Type☐ Memo Item

Transaction ID : SB17.47691

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

467.55

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 159 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DARK HORSE STRATEGIESMailing Address 3663 SW 8 STREET
SUITE 205

City MIAMI State FL Zip Code 33135

Purpose of Disbursement
DOOR HANGER

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

565.00

☐ Memo Item

Transaction ID : SB17.47576

B. DELTA

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2016

Amount of Each Disbursement this Period

513.20

☐ Memo Item

Transaction ID : SB17.47746

C. DELTA

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

Amount of Each Disbursement this Period

397.20

☐ Memo Item

Transaction ID : SB17.47928

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1475.40

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 160 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address PO BOX 20706

City	State	Zip Code
ATLANTA	GA	30320

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

Amount of Each Disbursement this Period

234.10

☐ Memo Item

Transaction ID : SB17.47929

B. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City	State	Zip Code
ASHBURN	VA	20147

Purpose of Disbursement
SHIPPING EXPENSE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

675.07

☐ Memo Item

Transaction ID : SB17.47978

C. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City	State	Zip Code
ASHBURN	VA	20147

Purpose of Disbursement
DATA: LIST MAINTENANCE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2016

Amount of Each Disbursement this Period

3988.51

☐ Memo Item

Transaction ID : SB17.47999

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4897.68

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 161 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
SHIPPING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

2016	304.45
------	--------

☐ Memo Item

Transaction ID : SB17.47993

B. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
CREATIVE,PROD & PRGRM MGMT FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

2016	20296.92
------	----------

☐ Memo Item

Transaction ID : SB17.47994

C. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MAILING LIST RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

2016	24.51
------	-------

☐ Memo Item

Transaction ID : SB17.47995

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20625.88

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
DATA: LIST FULFILLMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2016

Amount of Each Disbursement this Period

741.11

☐ Memo Item

Transaction ID : SB17.47998

B. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

199.17

☐ Memo Item

Transaction ID : SB17.48016

C. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2016

Amount of Each Disbursement this Period

1204.68

☐ Memo Item

Transaction ID : SB17.48028

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2144.96

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 163 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2016

Amount of Each Disbursement this Period

1407.47

☐ Memo Item

Transaction ID : SB17.48035

B. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

2675.72

☐ Memo Item

Transaction ID : SB17.48048

C. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

2675.27

☐ Memo Item

Transaction ID : SB17.48049

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6758.46

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 164 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
SERVICE FEES - POSTAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

51.66

☐ Memo Item

Transaction ID : SB17.48042

B. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

3443.95

☐ Memo Item

Transaction ID : SB17.48043

C. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
SHIPPING EXPENSE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

4.39

☐ Memo Item

Transaction ID : SB17.48044

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3500.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 165 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

949.34

☐ Memo Item

Transaction ID : SB17.48057

B. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
SERVICE FEES - POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

Amount of Each Disbursement this Period

34.82

☐ Memo Item

Transaction ID : SB17.48054

C. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

Amount of Each Disbursement this Period

2321.53

☐ Memo Item

Transaction ID : SB17.48055

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3305.69

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 166 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
SHIPPING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

Amount of Each Disbursement this Period

2.96

☐ Memo Item

Transaction ID : SB17.48056

B. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2016

Amount of Each Disbursement this Period

992.52

☐ Memo Item

Transaction ID : SB17.48063

C. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2016

Amount of Each Disbursement this Period

1003.40

☐ Memo Item

Transaction ID : SB17.48064

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1998.88

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 167 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

2605.96

☐ Memo Item

Transaction ID : SB17.48066

B. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

Amount of Each Disbursement this Period

861.76

☐ Memo Item

Transaction ID : SB17.48082

C. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

Amount of Each Disbursement this Period

851.34

☐ Memo Item

Transaction ID : SB17.48083

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4319.06

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 168 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
06	10	2016

Amount of Each Disbursement this Period

558.55

☐ Memo Item

Transaction ID : SB17.48097

B. Donate BucketMailing Address 1779 N. UNIVERSITY DRIVE
SUITE 102

City PEMBROKE PINES State FL Zip Code 33024

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
06	30	2016

Amount of Each Disbursement this Period

2793.53

☐ Memo Item

Transaction ID : SB17.48112

C. DONOR BUREAU

Mailing Address 1900 N CULPEPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	07	2016

Amount of Each Disbursement this Period

326.79

☐ Memo Item

Transaction ID : SB17.47985

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3678.87

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 169 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DONORBUREAU

Mailing Address 1900 N CULPEPER ST

City	State	Zip Code
ARLINGTON	VA	22207

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

623.99

☐ Memo Item

Transaction ID : SB17.48002

B. DONORBUREAU

Full Name (Last, First, Middle Initial)

Mailing Address 1900 N CULPEPER ST

City	State	Zip Code
ARLINGTON	VA	22207

Purpose of Disbursement
STATISTICAL MODELING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

330.12

☐ Memo Item

Transaction ID : SB17.48018

C. DONORBUREAU

Full Name (Last, First, Middle Initial)

Mailing Address 1900 N CULPEPER ST

City	State	Zip Code
ARLINGTON	VA	22207

Purpose of Disbursement
STATISTICAL MODELING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

683.13

☐ Memo Item

Transaction ID : SB17.48071

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1637.24

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 170 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DONORBUREAU

Mailing Address 1900 N CULPEPER ST

City	State	Zip Code
ARLINGTON	VA	22207

Purpose of Disbursement
STATISTICAL MODELING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

511.46

☐ Memo Item

Transaction ID : SB17.48084

B. DONORBUREAU

Full Name (Last, First, Middle Initial)

Mailing Address 1900 N CULPEPER ST

City	State	Zip Code
ARLINGTON	VA	22207

Purpose of Disbursement
STATISTICAL MODELING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

Amount of Each Disbursement this Period

682.78

☐ Memo Item

Transaction ID : SB17.48111

C. ECMS

Full Name (Last, First, Middle Initial)

Mailing Address 1779 N University Drive
102

City	State	Zip Code
PEMBROKE PINES	FL	33024

Purpose of Disbursement
PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2016

Amount of Each Disbursement this Period

1550.00

☐ Memo Item

Transaction ID : SB17.47529

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2744.24

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EDEN GORDONMailing Address 2400 S. OCEAN DRIVE
UNIT 7431City State Zip Code
FORT PIERCE FL 34949Purpose of Disbursement
PUBLIC RELATION SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

2644.09

☐ Memo Item

Transaction ID : SB17.47574

B. EDEN GORDON MEDIA

Mailing Address 176 OLD LIMESTONE ROAD

City State Zip Code
OXFORD PA 19363Purpose of Disbursement
PUBLIC RELATION SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

3130.48

☐ Memo Item

Transaction ID : SB17.47448

C. EDEN GORDON MEDIA

Mailing Address 176 OLD LIMESTONE ROAD

City State Zip Code
OXFORD PA 19363Purpose of Disbursement
PUBLIC RELATION SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

3132.11

☐ Memo Item

Transaction ID : SB17.47527

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8906.68

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ELECTORAL STRATEGIES INC.

Mailing Address 400 SW 14TH COURT

City	State	Zip Code
FT. LAUDERDALE	FL	33315

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
04 / 21 / 2016

Amount of Each Disbursement this Period

1620.00

☐ Memo Item

Transaction ID : SB17.47464

B. ELECTORAL STRATEGIES INC.

Mailing Address 400 SW 14TH COURT

City	State	Zip Code
FT. LAUDERDALE	FL	33315

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
06 / 13 / 2016

Amount of Each Disbursement this Period

555.00

☐ Memo Item

Transaction ID : SB17.47599

C. EMILY FRIAS FOSQ.COM

Mailing Address 4305 NW 81ST TERRACE

City	State	Zip Code
CORAL SPRINGS	FL	33065

Purpose of Disbursement
VIDEO EDITING

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
04 / 05 / 2016

Amount of Each Disbursement this Period

652.50

☐ Memo Item

Transaction ID : SB17.47631

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2827.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EMILY FRIAS FOSQ.COM

Mailing Address 4305 NW 81ST TERRACE

City	State	Zip Code
CORAL SPRINGS	FL	33065

Purpose of Disbursement
VIDEO EDITING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

2016	-36.00
------	--------

☐ Memo Item

Transaction ID : SB17.47671

B. EMILY FRIAS VIDEO PRODUCTIONS, LLC

Mailing Address 4305 NW 81ST TERRACE

City	State	Zip Code
CORAL SPRINGS	FL	33065

Purpose of Disbursement
VIDEO PRODUCTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2016

Amount of Each Disbursement this Period

2016	2051.00
------	---------

☐ Memo Item

Transaction ID : SB17.47461

C. EXXONMOBIL

Mailing Address 2995 S. 25TH STREET

City	State	Zip Code
FORT PIERCE	FL	34981

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

2016	34.07
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☐ Memo Item

Transaction ID : SB17.47617

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2016	2049.07
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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EXXONMOBIL

Mailing Address 2995 S. 25TH STREET

City	State	Zip Code
FORT PIERCE	FL	34981

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

19.19

☐ Memo Item

Transaction ID : SB17.47670

B. EXXONMOBIL

Mailing Address 2995 S. 25TH STREET

City	State	Zip Code
FORT PIERCE	FL	34981

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

31.15

☐ Memo Item

Transaction ID : SB17.47693

C. EXXONMOBIL

Mailing Address 2995 S. 25TH STREET

City	State	Zip Code
FORT PIERCE	FL	34981

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

19.10

☐ Memo Item

Transaction ID : SB17.47694

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

69.44

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 175 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EXXONMOBIL

Mailing Address 2995 S. 25TH STREET

City	State	Zip Code
FORT PIERCE	FL	34981

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2016

Amount of Each Disbursement this Period

21.07

☐ Memo Item

Transaction ID : SB17.47696

B. EXXONMOBIL

Mailing Address 2995 S. 25TH STREET

City	State	Zip Code
FORT PIERCE	FL	34981

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

Amount of Each Disbursement this Period

21.69

☐ Memo Item

Transaction ID : SB17.47729

C. EXXONMOBIL

Mailing Address 2995 S. 25TH STREET

City	State	Zip Code
FORT PIERCE	FL	34981

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

25.15

☐ Memo Item

Transaction ID : SB17.47751

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

67.91

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EXXONMOBIL

Mailing Address 2995 S. 25TH STREET

City	State	Zip Code
FORT PIERCE	FL	34981

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2016

Amount of Each Disbursement this Period

62.71

☐ Memo Item

Transaction ID : SB17.47789

B. EXXONMOBIL

Mailing Address 2995 S. 25TH STREET

City	State	Zip Code
FORT PIERCE	FL	34981

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

20.87

☐ Memo Item

Transaction ID : SB17.47834

C. EXXONMOBIL

Mailing Address 2995 S. 25TH STREET

City	State	Zip Code
FORT PIERCE	FL	34981

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

22.62

☐ Memo Item

Transaction ID : SB17.47851

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

62.71

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 177 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EXXONMOBIL

Mailing Address 2995 S. 25TH STREET

City	State	Zip Code
FORT PIERCE	FL	34981

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Transaction ID : SB17.47912

B. EXXONMOBIL

Mailing Address 2995 S. 25TH STREET

City	State	Zip Code
FORT PIERCE	FL	34981

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

22.63

☐ Memo Item

Transaction ID : SB17.47926

C. EXXONMOBIL

Mailing Address 2995 S. 25TH STREET

City	State	Zip Code
FORT PIERCE	FL	34981

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

Amount of Each Disbursement this Period

34.00

☐ Memo Item

Transaction ID : SB17.47952

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

81.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EXXONMOBIL

Mailing Address 2995 S. 25TH STREET

City	State	Zip Code
FORT PIERCE	FL	34981

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 22 / 2016

Amount of Each Disbursement this Period

24.19

☐ Memo Item

Transaction ID : SB17.47953

B. EXXONMOBIL

Mailing Address 2995 S. 25TH STREET

City	State	Zip Code
FORT PIERCE	FL	34981

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 23 / 2016

Amount of Each Disbursement this Period

25.42

☐ Memo Item

Transaction ID : SB17.47954

C. FACEBOOK

Mailing Address 1 HACKER WAY

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 13 / 2016

Amount of Each Disbursement this Period

25.01

☐ Memo Item

Transaction ID : SB17.47665

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

74.62

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 179 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address 1 HACKER WAY

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2016

Amount of Each Disbursement this Period

50.04

☐ Memo Item

Transaction ID : SB17.47687

B. FACEBOOK

Mailing Address 1 HACKER WAY

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

45.08

☐ Memo Item

Transaction ID : SB17.47716

C. FACEBOOK

Mailing Address 1 HACKER WAY

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

250.02

☐ Memo Item

Transaction ID : SB17.47799

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

345.14

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 180 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address 1 HACKER WAY

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

125.88

☐ Memo Item

Transaction ID : SB17.47829

B. FACEBOOK

Mailing Address 1 HACKER WAY

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : SB17.47969

C. FEDEX

Mailing Address 12050 US HIGHWAY 1 N

City	State	Zip Code
NORTH PALM BEACH	FL	33408

Purpose of Disbursement
DELIVERY FEES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

89.89

☐ Memo Item

Transaction ID : SB17.47890

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

715.77

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 181 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 12050 US HIGHWAY 1 N

City	State	Zip Code
NORTH PALM BEACH	FL	33408

Purpose of Disbursement
DELIVERY FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

Amount of Each Disbursement this Period

35.50

☐ Memo Item

Transaction ID : SB17.47951

B. FIRST VIRGINIA COMMUNITY BANKMailing Address 11325 RANDOM HILLS RD
STE 240

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

137.55

☐ Memo Item

Transaction ID : SB17.47980

C. FIRST VIRGINIA COMMUNITY BANKMailing Address 11325 RANDOM HILLS RD
STE 240

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement
BANK SERVICE CHARGES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

267.21

☐ Memo Item

Transaction ID : SB17.48037

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

440.26

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 182 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANKMailing Address 11325 RANDOM HILLS RD
STE 240City State Zip Code
FAIRFAX VA 22030Purpose of Disbursement
BANK SERVICE CHARGES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

Amount of Each Disbursement this Period

264.98

☐ Memo Item

Transaction ID : SB17.48081

B. FRONTIER AIRLINES

Mailing Address 7001 TOWER ROAD

City State Zip Code
DENVER CO 80249Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

659.96

☐ Memo Item

Transaction ID : SB17.47622

C. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
STATISTICAL MODELING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

1714.68

☐ Memo Item

Transaction ID : SB17.47975

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2639.62

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 183 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

1715.11

☐ Memo Item

Transaction ID : SB17.47976

B. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Transaction ID : SB17.47977

C. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

1746.93

☐ Memo Item

Transaction ID : SB17.47986

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8462.04

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
BANK SERVICE CHARGES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

4	3	0	7
---	---	---	---

☐ Memo Item

Transaction ID : SB17.47987

B. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

4	1	9	1	3	5
---	---	---	---	---	---

☐ Memo Item

Transaction ID : SB17.48014

C. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

5	7	6	6	8
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☐ Memo Item

Transaction ID : SB17.48015

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4	7	7	1	1	0
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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 185 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

577.93

☐ Memo Item

Transaction ID : SB17.48017

B. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

1261.57

☐ Memo Item

Transaction ID : SB17.48003

C. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

2.22

☐ Memo Item

Transaction ID : SB17.48004

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1841.72

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 186 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2016

Amount of Each Disbursement this Period

3099.49

☐ Memo Item

Transaction ID : SB17.48029

B. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Transaction ID : SB17.48030

C. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2016

Amount of Each Disbursement this Period

11000.00

☐ Memo Item

Transaction ID : SB17.48034

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

22099.49

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

Amount of Each Disbursement this Period

5631.83

☐ Memo Item

Transaction ID : SB17.48047

B. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2016

Amount of Each Disbursement this Period

3877.49

☐ Memo Item

Transaction ID : SB17.48061

C. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2016

Amount of Each Disbursement this Period

4288.17

☐ Memo Item

Transaction ID : SB17.48062

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13797.49

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 188 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Transaction ID : SB17.48065

B. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

1.00

☐ Memo Item

Transaction ID : SB17.48072

C. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

4620.00

☐ Memo Item

Transaction ID : SB17.48073

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7621.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
SHIPPING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

2.72

☐ Memo Item

Transaction ID : SB17.48074

B. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

1920.07

☐ Memo Item

Transaction ID : SB17.48079

C. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

4.00

☐ Memo Item

Transaction ID : SB17.48085

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1926.79

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

7907.83

☐ Memo Item

Transaction ID : SB17.48086

B. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
SHIPPING EXPENSE

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

13.78

☐ Memo Item

Transaction ID : SB17.48087

C. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

0.50

☐ Memo Item

Transaction ID : SB17.48098

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7922.11

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

1300.00

☐ Memo Item

Transaction ID : SB17.48099

B. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
SHIPPING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

2.91

☐ Memo Item

Transaction ID : SB17.48100

C. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Transaction ID : SB17.48103

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7302.91

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT.
SUITE 190City State Zip Code
STERLING VA 20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2016

Amount of Each Disbursement this Period

14350.00

☐ Memo Item

Transaction ID : SB17.48106

B. GLOBAL PAYMENTS

Mailing Address 10705 RED RUN BLVD

City State Zip Code
ROCKVILLE MD 20855Purpose of Disbursement
MAILING LIST RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

305.00

☐ Memo Item

Transaction ID : SB17.47979

C. GLOBAL PAYMENTS

Mailing Address 10705 RED RUN BLVD

City State Zip Code
ROCKVILLE MD 20855Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

Amount of Each Disbursement this Period

412.14

☐ Memo Item

Transaction ID : SB17.48036

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

15067.14

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GLOBAL PAYMENTS

Mailing Address 10705 RED RUN BLVD

City	State	Zip Code
ROCKVILLE	MD	20855

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

Amount of Each Disbursement this Period

439.62

☐ Memo Item

Transaction ID : SB17.48080

B. GODADDY.COMMailing Address 14455 N. HAYDEN ROAD
SUITE 226

City	State	Zip Code
SCOTTSDALE	AZ	85260

Purpose of Disbursement
EMAIL FEE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

95.88

☐ Memo Item

Transaction ID : SB17.47668

C. GODADDY.COMMailing Address 14455 N. HAYDEN ROAD
SUITE 226

City	State	Zip Code
SCOTTSDALE	AZ	85260

Purpose of Disbursement
EMAIL FEE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

47.88

☐ Memo Item

Transaction ID : SB17.47692

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

583.38

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GRAVIS MARKETINGMailing Address 910 BELLE AVENUE
#1180City State Zip Code
WINTER SPRINGS FL 32708Purpose of Disbursement
MARKETING SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

Amount of Each Disbursement this Period

3014.00

☐ Memo Item

Transaction ID : SB17.47646

B. Groundswell StrategiesMailing Address 705 SW 5th Ave
SUITE 208-CCity State Zip Code
Miami FL 33134Purpose of Disbursement
PRINTING - DOOR HANGERS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

650.00

☐ Memo Item

Transaction ID : SB17.47451

c. Groundswell StrategiesMailing Address 705 SW 5th Ave
SUITE 208-CCity State Zip Code
Miami FL 33134Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2016

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Transaction ID : SB17.47456

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11164.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Groundswell StrategiesMailing Address 705 SW 5th Ave
SUITE 208-C

City Miami State FL Zip Code 33134

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

5750.00

☐ Memo Item

Transaction ID : SB17.47541

B. Groundswell StrategiesMailing Address 705 SW 5th Ave
SUITE 208-C

City Miami State FL Zip Code 33134

Purpose of Disbursement
REIMBURSEMENT - HOTEL & MEAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

3101.23

☐ Memo Item

Transaction ID : SB17.47542

C. HAMPTON INN

Mailing Address 2025 WISTA PARKWAY

City WEST PALM BEACH State FL Zip Code 33411

Purpose of Disbursement
HOTEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

222.88

☐ Memo Item

Transaction ID : SB17.47624

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9074.11

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HOTWIREMailing Address 655 MONTGOMERY STREET
#600City State Zip Code
SAN FRANCISCO CA 94103Purpose of Disbursement
LODGING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

436.26

☐ Memo Item

Transaction ID : SB17.47758

B. HOTWIREMailing Address 655 MONTGOMERY STREET
#600City State Zip Code
SAN FRANCISCO CA 94103Purpose of Disbursement
LODGING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2016

Amount of Each Disbursement this Period

999.70

☐ Memo Item

Transaction ID : SB17.47775

C. HOTWIREMailing Address 655 MONTGOMERY STREET
#600City State Zip Code
SAN FRANCISCO CA 94103Purpose of Disbursement
LODGING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

Amount of Each Disbursement this Period

671.90

☐ Memo Item

Transaction ID : SB17.47867

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2107.86

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HOTWIREMailing Address 655 MONTGOMERY STREET
#600City State Zip Code
SAN FRANCISCO CA 94103Purpose of Disbursement
LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

Amount of Each Disbursement this Period

204.79

☐ Memo Item

Transaction ID : SB17.47868

B. HSP DigitalMailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE
SUITE 300City State Zip Code
ASHBURN VA 20147Purpose of Disbursement
MGT FEE & LIST PAYOUT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

224.40

☐ Memo Item

Transaction ID : SB17.47545

c. HSP DigitalMailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE
SUITE 300City State Zip Code
ASHBURN VA 20147Purpose of Disbursement
MGT FEE & LIST PAYOUT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

23.10

☐ Memo Item

Transaction ID : SB17.47546

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

452.29

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HSP DigitalMailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MGT FEE & LIST PAYOUT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

171.60

☐ Memo Item

Transaction ID : SB17.47547

B. HSP DigitalMailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MGT FEE & LIST PAYOUT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

89.10

☐ Memo Item

Transaction ID : SB17.47548

c. HSP DigitalMailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MGT FEE & LIST PAYOUT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

56.10

☐ Memo Item

Transaction ID : SB17.47549

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

316.80

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HSP DigitalMailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MGT FEE & LIST PAYOUT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

1060.21

☐ Memo Item

Transaction ID : SB17.47550

B. HSP DigitalMailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MGT FEE & LIST PAYOUT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

1119.02

☐ Memo Item

Transaction ID : SB17.47551

c. HSP DigitalMailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MGT FEE & LIST PAYOUT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

966.90

☐ Memo Item

Transaction ID : SB17.47552

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3146.13

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 200 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HSP DigitalMailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MGT FEE & LIST PAYOUT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

33.00

☐ Memo Item

Transaction ID : SB17.47553

B. HSP DigitalMailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MGT FEE & LIST PAYOUT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

733.16

☐ Memo Item

Transaction ID : SB17.47554

C. HSP DIGITALMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MGT FEE & LIST PAYOUT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

Amount of Each Disbursement this Period

267.30

☐ Memo Item

Transaction ID : SB17.47593

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1033.46

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 201 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HSP DIGITALMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MGT FEE & LIST PAYOUT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

Amount of Each Disbursement this Period

782.10

☐ Memo Item

Transaction ID : SB17.47594

B. HSP DIGITALMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MGT FEE & LIST PAYOUT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

Amount of Each Disbursement this Period

198.00

☐ Memo Item

Transaction ID : SB17.47595

C. HSP DIGITALMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MGT FEE & LIST PAYOUT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

Amount of Each Disbursement this Period

755.04

☐ Memo Item

Transaction ID : SB17.47596

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1735.14

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 202 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HSP DIGITALMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MGT FEE & LIST PAYOUT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

Amount of Each Disbursement this Period

803.59

☐ Memo Item

Transaction ID : SB17.47597

B. HSP DIGITALMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MGT FEE & LIST PAYOUT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

Amount of Each Disbursement this Period

303.60

☐ Memo Item

Transaction ID : SB17.47598

C. HSP DIRECTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

3741.00

☐ Memo Item

Transaction ID : SB17.47988

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4848.19

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 203 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HSP DIRECTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

3198.70

☐ Memo Item

Transaction ID : SB17.48005

B. HSP DIRECTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
CREATIVE,PROD & PRGRM MGMT FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

Amount of Each Disbursement this Period

4196.90

☐ Memo Item

Transaction ID : SB17.48052

C. HSP DIRECTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
CREATIVE,PROD & PRGRM MGMT FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

4655.20

☐ Memo Item

Transaction ID : SB17.48088

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12050.80

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 204 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HSP DIRECTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
CREATIVE, PROD & PRGRM MGMT FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

Amount of Each Disbursement this Period

1949.00

☐ Memo Item

Transaction ID : SB17.48105

B. HSP DIRECTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

Amount of Each Disbursement this Period

518.20

☐ Memo Item

Transaction ID : SB17.48113

c. IcontactMailing Address 2121 RDU CENTER DRIVE
4TH FLOOR

City MORRISVILLE State NC Zip Code 27560

Purpose of Disbursement
EMAIL MARKETING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

Amount of Each Disbursement this Period

149.00

☐ Memo Item

Transaction ID : SB17.47726

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2616.20

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 205 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. IcontactMailing Address 2121 RDU CENTER DRIVE
4TH FLOOR

City MORRISVILLE State NC Zip Code 27560

Purpose of Disbursement
EMAIL MARKETING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

149.00

☐ Memo Item

Transaction ID : SB17.47835

B. IMAGE DIRECTMailing Address 200 MONROE AVENUE
BUILDING 4

City FREDERICK State MD Zip Code 21701

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2016

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Transaction ID : SB17.48040

C. IMAGE DIRECTMailing Address 200 MONROE AVENUE
BUILDING 4

City FREDERICK State MD Zip Code 21701

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2016

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Transaction ID : SB17.48041

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6149.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 206 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. JET BLUE

Mailing Address 200 TERMINAL DRIVE

City	State	Zip Code
FFT. LAUDERDALE	FL	33315

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2016

Amount of Each Disbursement this Period

461.20

☐ Memo Item

Transaction ID : SB17.47674

B. JET BLUE

Mailing Address 200 TERMINAL DRIVE

City	State	Zip Code
FFT. LAUDERDALE	FL	33315

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

Amount of Each Disbursement this Period

312.20

☐ Memo Item

Transaction ID : SB17.47742

C. JET BLUE

Mailing Address 200 TERMINAL DRIVE

City	State	Zip Code
FFT. LAUDERDALE	FL	33315

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

Amount of Each Disbursement this Period

424.20

☐ Memo Item

Transaction ID : SB17.47778

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1197.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. KESSLER CREATIVEMailing Address 12276 SAN JOSE BLVD
#115

City JACKSONVILLE State FL Zip Code 32223

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

2773.78

☐ Memo Item

Transaction ID : SB17.47620

B. KESSLER CREATIVEMailing Address 12276 SAN JOSE BLVD
#115

City JACKSONVILLE State FL Zip Code 32223

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

701.49

☐ Memo Item

Transaction ID : SB17.47801

C. KRISTEN KOCH CATERER

Mailing Address 217 NE GLENTY AVENUE

City PORT ST. LUCIE State FL Zip Code 34983

Purpose of Disbursement
CATERING COST

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

Amount of Each Disbursement this Period

875.00

☐ Memo Item

Transaction ID : SB17.47582

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4350.27

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 208 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LEMS REALTY ASSOCIATES

Mailing Address 1330 SE FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34997

Purpose of Disbursement
RENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2016

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Transaction ID : SB17.47537

B. LEMS REALTY ASSOCIATES

Mailing Address 1330 SE FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34997

Purpose of Disbursement
RENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Transaction ID : SB17.47578

C. MARATHON

Mailing Address 3515 S. DIXIE HIGHWAY

City	State	Zip Code
WEST PALM BEACH	FL	33405

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

Amount of Each Disbursement this Period

10.03

☐ Memo Item

Transaction ID : SB17.47916

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4010.03

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MARATHON

Mailing Address 3515 S. DIXIE HIGHWAY

City	State	Zip Code
WEST PALM BEACH	FL	33405

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

Amount of Each Disbursement this Period

47.51

☐ Memo Item

Transaction ID : SB17.47920

B. MELINA PRADO

Mailing Address 14001 SW 112 STREET

City	State	Zip Code
MIAMI	FL	33186

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

510.00

☐ Memo Item

Transaction ID : SB17.47450

C. NOVA LISTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 190

City	State	Zip Code
ASHBURN	VA	20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

2236.83

☐ Memo Item

Transaction ID : SB17.47989

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2794.34

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 210 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. NOVA LISTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 190

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
SHIPPING EXPENSE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

5175.55

☐ Memo Item

Transaction ID : SB17.48006

B. NOVA LISTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 190

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MAILING LIST RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

200.29

☐ Memo Item

Transaction ID : SB17.48019

C. NOVA LISTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 190

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MAILING LIST RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2016

Amount of Each Disbursement this Period

49.25

☐ Memo Item

Transaction ID : SB17.48031

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5425.09

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 211 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. NOVA LISTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 190

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MAILING LIST RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

Amount of Each Disbursement this Period

5879.61

☐ Memo Item

Transaction ID : SB17.48038

B. NOVA LISTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 190

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MAILING LIST RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

Amount of Each Disbursement this Period

2276.39

☐ Memo Item

Transaction ID : SB17.48053

C. NOVA LISTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 190

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MAILING LIST RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2016

Amount of Each Disbursement this Period

520.91

☐ Memo Item

Transaction ID : SB17.48060

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8676.91

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 212 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. NOVA LISTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 190

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MAILING LIST RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

2675.87

☐ Memo Item

Transaction ID : SB17.48075

B. NOVA LISTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 190

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MAILING LIST RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

5190.63

☐ Memo Item

Transaction ID : SB17.48089

C. NOVA LISTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 190

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MAILING LIST RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

1082.52

☐ Memo Item

Transaction ID : SB17.48101

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8949.02

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ONE STOP GURU

Mailing Address 1700 NW FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2016

Amount of Each Disbursement this Period

1301.79

☐ Memo Item

Transaction ID : SB17.47770

B. ONE STOP GURU

Mailing Address 1700 NW FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

541.87

☐ Memo Item

Transaction ID : SB17.47837

C. ONE STOP GURU

Mailing Address 1700 NW FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

Amount of Each Disbursement this Period

954.00

☐ Memo Item

Transaction ID : SB17.47918

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2797.66

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ONE STOP GURU

Mailing Address 1700 NW FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

Amount of Each Disbursement this Period

846.94

☐ Memo Item

Transaction ID : SB17.47919

B. ONE STOP GURU

Mailing Address 1700 NW FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2016

Amount of Each Disbursement this Period

846.94

☐ Memo Item

Transaction ID : SB17.47955

C. ONE STOP GURU

Mailing Address 1700 NW FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2016

Amount of Each Disbursement this Period

128.00

☐ Memo Item

Transaction ID : SB17.47971

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1821.88

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PAVSNER PRESS

Mailing Address 9008 YELLOW BRICK ROAD

City	State	Zip Code
BALTIMORE	MD	21237

Purpose of Disbursement
MAILING LIST RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

2493.13

☐ Memo Item

Transaction ID : SB17.48008

B. PAVSNER PRESS

Mailing Address 9008 YELLOW BRICK ROAD

City	State	Zip Code
BALTIMORE	MD	21237

Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

749.25

☐ Memo Item

Transaction ID : SB17.48020

C. PAVSNER PRESS

Mailing Address 9008 YELLOW BRICK ROAD

City	State	Zip Code
BALTIMORE	MD	21237

Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2016

Amount of Each Disbursement this Period

729.45

☐ Memo Item

Transaction ID : SB17.48032

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3971.83

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 216 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PCS CONSULTING

Mailing Address 1505 OSPREY COURT

City	State	Zip Code
LINO LAKES	MN	55038

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

9000.00

☐ Memo Item

Transaction ID : SB17.47455

B. PINEAPPLE POSTMailing Address 280 VILLAGE MAIN STREET
#900

City	State	Zip Code
PONTE VERDA BEACH	FL	32082

Purpose of Disbursement
PROMOTIONAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

900.00

☐ Memo Item

Transaction ID : SB17.47924

C. POSTAGE FOR DIRECT MAIL FUNDRAISINGMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City	State	Zip Code
ASHBURN	VA	20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2016

Amount of Each Disbursement this Period

432.31

☐ Memo Item

Transaction ID : SB17.48108

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10332.31

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. RITE ENVELOPE & GRAPHICS INC

Mailing Address 250 BOOT ROAD

City	State	Zip Code
DOWNTOWN	PA	19335

Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

857.48

☐ Memo Item

Transaction ID : SB17.48076

B. RITE ENVELOPE & GRAPHICS INC

Mailing Address 250 BOOT ROAD

City	State	Zip Code
DOWNTOWN	PA	19335

Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

1032.20

☐ Memo Item

Transaction ID : SB17.48090

C. ROCCO LEDONNIMailing Address 2600 S. DOUGLAS ROAD S
SUITE 900

City	State	Zip Code
CORAL GABLES	FL	33134

Purpose of Disbursement
CAMPAIGN MANAGEMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

4443.56

☐ Memo Item

Transaction ID : SB17.47572

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6333.24

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ROGER DEAN STADIUM

Mailing Address 4751 MAIN STREET

City	State	Zip Code
JUPITER	FL	33458

Purpose of Disbursement
DISPLAY TABLE REGISTRATION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Transaction ID : SB17.47839

B. RST MARKETING

Mailing Address 1272 CORPORATE PARK ROAD

City	State	Zip Code
FOREST	VA	24551

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

Amount of Each Disbursement this Period

3828.00

☐ Memo Item

Transaction ID : SB17.48046

C. RST MARKETING

Mailing Address 1272 CORPORATE PARK ROAD

City	State	Zip Code
FOREST	VA	24551

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

Amount of Each Disbursement this Period

8521.95

☐ Memo Item

Transaction ID : SB17.48102

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12599.95

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. RST MARKETING

Mailing Address 1272 CORPORATE PARK ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2016

City	State	Zip Code
FOREST	VA	24551

Amount of Each Disbursement this Period

2898.85

Purpose of Disbursement
POSTAGE & DELIVERYCategory/
Type☐ Memo Item

Transaction ID : SB17.48109

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. SHELL

Mailing Address 4696 OKEECHOBEE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

City	State	Zip Code
FORT PIERCE	FL	34972

Amount of Each Disbursement this Period

35.85

Purpose of Disbursement
AUTO FUELCategory/
Type☐ Memo Item

Transaction ID : SB17.47628

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. SHELL

Mailing Address 4696 OKEECHOBEE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

City	State	Zip Code
FORT PIERCE	FL	34972

Amount of Each Disbursement this Period

34.06

Purpose of Disbursement
AUTO FUELCategory/
Type☐ Memo Item

Transaction ID : SB17.47629

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2968.76

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 220 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SHELL

Mailing Address 4696 OKEECHOBEE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

City	State	Zip Code
FORT PIERCE	FL	34972

Amount of Each Disbursement this Period

37.99	8.04
-------	------

Purpose of Disbursement
AUTO FUELCategory/
Type☐ Memo Item

Transaction ID : SB17.47630

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. SHELL

Mailing Address 4696 OKEECHOBEE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

City	State	Zip Code
FORT PIERCE	FL	34972

Amount of Each Disbursement this Period

19.24

Purpose of Disbursement
AUTO FUELCategory/
Type☐ Memo Item

Transaction ID : SB17.47640

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. SHELL

Mailing Address 4696 OKEECHOBEE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2016

City	State	Zip Code
FORT PIERCE	FL	34972

Amount of Each Disbursement this Period

10.21

Purpose of Disbursement
AUTO FUELCategory/
Type☐ Memo Item

Transaction ID : SB17.47643

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

37.99

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SHELL

Mailing Address 4696 OKEECHOBEE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		12		2016

City	State	Zip Code
FORT PIERCE	FL	34972

Amount of Each Disbursement this Period

Purpose of Disbursement
AUTO FUEL

22.41

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.47664

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

B. SHELL

Mailing Address 4696 OKEECHOBEE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2016

City	State	Zip Code
FORT PIERCE	FL	34972

Amount of Each Disbursement this Period

Purpose of Disbursement
AUTO FUEL

7.75

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.47715

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

C. SHELL

Mailing Address 4696 OKEECHOBEE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

City	State	Zip Code
FORT PIERCE	FL	34972

Amount of Each Disbursement this Period

Purpose of Disbursement
AUTO FUEL

8.31

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.47725

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

38.47

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 222 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SHELL

Mailing Address 4696 OKEECHOBEE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

City	State	Zip Code
FORT PIERCE	FL	34972

Amount of Each Disbursement this Period

Purpose of Disbursement
AUTO FUEL

35.17

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.47743

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

B. SHELL

Mailing Address 4696 OKEECHOBEE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

City	State	Zip Code
FORT PIERCE	FL	34972

Amount of Each Disbursement this Period

Purpose of Disbursement
AUTO FUEL

34.37

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.47765

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

C. SHELL

Mailing Address 4696 OKEECHOBEE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

City	State	Zip Code
FORT PIERCE	FL	34972

Amount of Each Disbursement this Period

Purpose of Disbursement
AUTO FUEL

38.66

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.47807

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....

108.20

TOTAL This Period (last page this line number only).....

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 223 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SHELL

Mailing Address 4696 OKEECHOBEE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

City	State	Zip Code
FORT PIERCE	FL	34972

Amount of Each Disbursement this Period

Purpose of Disbursement
AUTO FUEL

26.22

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.47808

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

B. SHELL

Mailing Address 4696 OKEECHOBEE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

City	State	Zip Code
FORT PIERCE	FL	34972

Amount of Each Disbursement this Period

Purpose of Disbursement
AUTO FUEL

40.44

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.47859

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

C. SHELL

Mailing Address 4696 OKEECHOBEE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

City	State	Zip Code
FORT PIERCE	FL	34972

Amount of Each Disbursement this Period

Purpose of Disbursement
AUTO FUEL

29.59

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.47861

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

96.25

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 224 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SHELL

Mailing Address 4696 OKEECHOBEE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

City	State	Zip Code
FORT PIERCE	FL	34972

Amount of Each Disbursement this Period

Purpose of Disbursement
AUTO FUEL

22.72

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.47873

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

B. SHELL

Mailing Address 4696 OKEECHOBEE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2016

City	State	Zip Code
FORT PIERCE	FL	34972

Amount of Each Disbursement this Period

Purpose of Disbursement
AUTO FUEL

20.82

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.47964

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

C. SIGNATURE PRINTING & DESIGN, LLC

Mailing Address 420 W. 27TH STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2016

City	State	Zip Code
MIAMI	FL	33010

Amount of Each Disbursement this Period

Purpose of Disbursement
PRINTING - BUSINESS CARDS

215.00

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.47533

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

258.54

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 225 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SOUTHWEST AIRLINES

Mailing Address PO BOX 36647

City	State	Zip Code
DALLAS	TX	75235

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2016

Amount of Each Disbursement this Period

399.96

☐ Memo Item

Transaction ID : SB17.47753

B. SOUTHWEST AIRLINES

Mailing Address PO BOX 36647

City	State	Zip Code
DALLAS	TX	75235

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

Amount of Each Disbursement this Period

380.98

☐ Memo Item

Transaction ID : SB17.47911

C. SPRINT

Mailing Address PO BOX 4191

City	State	Zip Code
CAROL STREAM	IL	60197

Purpose of Disbursement
PHONE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

Amount of Each Disbursement this Period

175.76

☐ Memo Item

Transaction ID : SB17.47644

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

956.70

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 226 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SPRINT

Mailing Address PO BOX 4191

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

City	State	Zip Code
CAROL STREAM	IL	60197

Amount of Each Disbursement this Period

Purpose of Disbursement
PHONE

154.58

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.47750

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

B. SPRINT

Mailing Address PO BOX 4191

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

City	State	Zip Code
CAROL STREAM	IL	60197

Amount of Each Disbursement this Period

Purpose of Disbursement
PHONE

156.72

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.47910

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

C. ST. LUCIE COUNTY SHRINE CLUB

Mailing Address 4600 OLEANDER AVE.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

City	State	Zip Code
FORT PIERCE	FL	34982

Amount of Each Disbursement this Period

Purpose of Disbursement
BAR

400.00

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.47584

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

711.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 227 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ST. LUCIE COUNTY SHRINE CLUB

Mailing Address 4600 OLEANDER AVE.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

City	State	Zip Code
FORT PIERCE	FL	34982

Amount of Each Disbursement this Period

350.00

Purpose of Disbursement
RENTAL OF FACILITYCategory/
Type☐ Memo Item

Transaction ID : SB17.47585

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Sunoco

Mailing Address 5151 OKEECHOBEE RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

City	State	Zip Code
FORT PIERCE	FL	34937

Amount of Each Disbursement this Period

39.60

Purpose of Disbursement
AUTO FUELCategory/
Type☐ Memo Item

Transaction ID : SB17.47719

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Sunoco

Mailing Address 5151 OKEECHOBEE RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2016

City	State	Zip Code
FORT PIERCE	FL	34937

Amount of Each Disbursement this Period

27.46

Purpose of Disbursement
AUTO FUELCategory/
Type☐ Memo Item

Transaction ID : SB17.47734

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

417.06

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Sunoco

Mailing Address 5151 OKEECHOBEE RD

City	State	Zip Code
FORT PIERCE	FL	34937

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2016

Amount of Each Disbursement this Period

8	7	6	5	4	3	2	1	0	.	0	0	5
---	---	---	---	---	---	---	---	---	---	---	---	---

☐ Memo Item

Transaction ID : SB17.47791

B. Sunoco

Mailing Address 5151 OKEECHOBEE RD

City	State	Zip Code
FORT PIERCE	FL	34937

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

Amount of Each Disbursement this Period

8	7	6	5	4	3	2	1	0	.	2	2	4	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---

☐ Memo Item

Transaction ID : SB17.47913

C. Sunoco

Mailing Address 5151 OKEECHOBEE RD

City	State	Zip Code
FORT PIERCE	FL	34937

Purpose of Disbursement
AUTO FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2016

Amount of Each Disbursement this Period

8	7	6	5	4	3	2	1	0	.	2	7	4	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---

☐ Memo Item

Transaction ID : SB17.47941

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

84.91

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 229 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SUNPASS

Mailing Address PO BOX 880029

City	State	Zip Code
BOCA RATON	FL	33488

Purpose of Disbursement
TOLLS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2016

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Transaction ID : SB17.47673

B. SUNPASS

Mailing Address PO BOX 880029

City	State	Zip Code
BOCA RATON	FL	33488

Purpose of Disbursement
TOLLS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2016

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Transaction ID : SB17.47695

C. SUNPASS

Mailing Address PO BOX 880029

City	State	Zip Code
BOCA RATON	FL	33488

Purpose of Disbursement
TOLLS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2016

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Transaction ID : SB17.47797

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

75.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SUNPASS

Mailing Address PO BOX 880029

City	State	Zip Code
BOCA RATON	FL	33488

Purpose of Disbursement
TOLLS

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Transaction ID : SB17.47800

B. SUNPASS

Mailing Address PO BOX 880029

City	State	Zip Code
BOCA RATON	FL	33488

Purpose of Disbursement
TOLLS

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2016

Amount of Each Disbursement this Period

8.96

☐ Memo Item

Transaction ID : SB17.47956

C. SUNRISE DATA SERVICESMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City	State	Zip Code
ASHBURN	VA	20147

Purpose of Disbursement
STATISTICAL MODELING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Transaction ID : SB17.47990

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

258.96

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 231 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SUNRISE DATA SERVICESMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

1352.50

☐ Memo Item

Transaction ID : SB17.47991

B. SUNRISE DATA SERVICESMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Transaction ID : SB17.47992

C. SUNRISE DATA SERVICESMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

265.00

☐ Memo Item

Transaction ID : SB17.48009

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1842.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 232 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SUNRISE DATA SERVICESMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

875.00

☐ Memo Item

Transaction ID : SB17.48010

B. SUNRISE DATA SERVICESMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

180.00

☐ Memo Item

Transaction ID : SB17.48011

C. SUNRISE DATA SERVICESMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
DATA: DONOR DATA REPORTS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

265.00

☐ Memo Item

Transaction ID : SB17.48021

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1320.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SUNRISE DATA SERVICESMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
DATA: LIST FULFILLMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

920.00

☐ Memo Item

Transaction ID : SB17.48022

B. SUNRISE DATA SERVICESMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
DATA: LIST MAINTENANCE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

180.00

☐ Memo Item

Transaction ID : SB17.48023

C. SUNRISE DATA SERVICESMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
DATA: MAIL LIST PROCESSING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

1270.00

☐ Memo Item

Transaction ID : SB17.48024

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2370.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 234 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SUNRISE DATA SERVICESMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
DATA: DONOR DATA REPORTS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

265.00

☐ Memo Item

Transaction ID : SB17.48091

B. SUNRISE DATA SERVICESMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
DATA: LIST FULFILLMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

1345.00

☐ Memo Item

Transaction ID : SB17.48092

C. SUNRISE DATA SERVICESMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
DATA: LIST MAINTENANCE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Transaction ID : SB17.48093

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1835.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 235 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SUNRISE DATA SERVICESMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
DATA: MAIL LIST PROCESSING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

1682.50

☐ Memo Item

Transaction ID : SB17.48094

B. THE HOME DEPOT

Mailing Address 3030 SW FEDERAL HIGHWAY

City STUART State FL Zip Code 34994

Purpose of Disbursement
CAMPAIGN SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2016

Amount of Each Disbursement this Period

254.28

☐ Memo Item

Transaction ID : SB17.47772

C. THE HOME DEPOT

Mailing Address 3030 SW FEDERAL HIGHWAY

City STUART State FL Zip Code 34994

Purpose of Disbursement
CAMPAIGN SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

Amount of Each Disbursement this Period

22.21

☐ Memo Item

Transaction ID : SB17.47784

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1958.99

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 236 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. THE HOME DEPOT

Mailing Address 3030 SW FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
CAMPAIGN SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2016

Amount of Each Disbursement this Period

9.07

☐ Memo Item

Transaction ID : SB17.47790

B. THE HOME DEPOT

Mailing Address 3030 SW FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
CAMPAIGN SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2016

Amount of Each Disbursement this Period

24.85

☐ Memo Item

Transaction ID : SB17.47817

C. THE HOME DEPOT

Mailing Address 3030 SW FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
CAMPAIGN SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2016

Amount of Each Disbursement this Period

65.57

☐ Memo Item

Transaction ID : SB17.47826

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

99.49

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. THE HOME DEPOT

Mailing Address 3030 SW FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
CAMPAIGN SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

74.57

☐ Memo Item

Transaction ID : SB17.47844

B. THE HOME DEPOT

Mailing Address 3030 SW FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
CAMPAIGN SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

-23.29

☐ Memo Item

Transaction ID : SB17.47852

C. THE HOME DEPOT

Mailing Address 3030 SW FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
CAMPAIGN SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Transaction ID : SB17.47869

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

201.28

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 238 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. THE HOME DEPOT

Mailing Address 3030 SW FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
CAMPAIGN SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Transaction ID : SB17.47945

B. THE HOME DEPOT

Mailing Address 3030 SW FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
CAMPAIGN MATERIALS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Transaction ID : SB17.47973

C. THE WINSTON GROUP LTD.Mailing Address 101 CONSTITUTION AVENUE, NW
SUITE 710 EAST

City	State	Zip Code
WASHINGTON	DC	20001

Purpose of Disbursement
SURVEY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2016

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Transaction ID : SB17.47568

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10300.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TNT DAILY INC.

Mailing Address 924 CHERRY ROAD

City	State	Zip Code
WEST PALM BEACH	FL	33409

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

900.00

☐ Memo Item

Transaction ID : SB17.47558

B. TRI-STATE ENVELOPE CORPORATION

Mailing Address BOX 443

City	State	Zip Code
BELTSVILLE	MD	20704

Purpose of Disbursement
CREATIVE, PROD & PRGRM MGMT FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

1361.44

☐ Memo Item

Transaction ID : SB17.48013

C. TRI-STATE ENVELOPE CORPORATION

Mailing Address BOX 443

City	State	Zip Code
BELTSVILLE	MD	20704

Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

4500.00

☐ Memo Item

Transaction ID : SB17.48025

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6761.44

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TRI-STATE ENVELOPE CORPORATION

Mailing Address BOX 443

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2016

City	State	Zip Code
BELTSVILLE	MD	20704

Amount of Each Disbursement this Period

2699.39

Purpose of Disbursement
PRINTING AND MAILSHOPCategory/
Type☐ Memo Item

Transaction ID : SB17.48033

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

City	State	Zip Code
SAN FRANCISCO	CA	94103

Amount of Each Disbursement this Period

30.02

Purpose of Disbursement
AUTO EXPENSECategory/
Type☐ Memo Item

Transaction ID : SB17.47660

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

City	State	Zip Code
SAN FRANCISCO	CA	94103

Amount of Each Disbursement this Period

19.25

Purpose of Disbursement
AUTO EXPENSECategory/
Type☐ Memo Item

Transaction ID : SB17.47661

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2748.66

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2016

Amount of Each Disbursement this Period

9.26

☐ Memo Item

Transaction ID : SB17.47708

B. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

10.13

☐ Memo Item

Transaction ID : SB17.47767

C. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

77.91

☐ Memo Item

Transaction ID : SB17.47806

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

97.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2016

Amount of Each Disbursement this Period

61.71

☐ Memo Item

Transaction ID : SB17.47815

B. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2016

Amount of Each Disbursement this Period

24.23

☐ Memo Item

Transaction ID : SB17.47818

C. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2016

Amount of Each Disbursement this Period

11.99

☐ Memo Item

Transaction ID : SB17.47819

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

97.93

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2016

Amount of Each Disbursement this Period

46.41

☐ Memo Item

Transaction ID : SB17.47820

B. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2016

Amount of Each Disbursement this Period

36.90

☐ Memo Item

Transaction ID : SB17.47821

C. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2016

Amount of Each Disbursement this Period

22.02

☐ Memo Item

Transaction ID : SB17.47823

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

105.33

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2016

Amount of Each Disbursement this Period

15.59

☐ Memo Item

Transaction ID : SB17.47824

B. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2016

Amount of Each Disbursement this Period

74.22

☐ Memo Item

Transaction ID : SB17.47825

C. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2016

Amount of Each Disbursement this Period

6.16

☐ Memo Item

Transaction ID : SB17.47828

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

95.97

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2016

Amount of Each Disbursement this Period

36.11

☐ Memo Item

Transaction ID : SB17.47880

B. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2016

Amount of Each Disbursement this Period

12.77

☐ Memo Item

Transaction ID : SB17.47881

C. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2016

Amount of Each Disbursement this Period

10.19

☐ Memo Item

Transaction ID : SB17.47882

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

36.11

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2016

Amount of Each Disbursement this Period

8.04

☐ Memo Item

Transaction ID : SB17.47884

B. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2016

Amount of Each Disbursement this Period

5.71

☐ Memo Item

Transaction ID : SB17.47885

C. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

44.83

☐ Memo Item

Transaction ID : SB17.47891

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

58.83

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

12.60

☐ Memo Item

Transaction ID : SB17.47894

B. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

10.67

☐ Memo Item

Transaction ID : SB17.47895

C. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

9.29

☐ Memo Item

Transaction ID : SB17.47896

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

32.56

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

7.22

☐ Memo Item

Transaction ID : SB17.47897

B. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

6.63

☐ Memo Item

Transaction ID : SB17.47898

C. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

6.62

☐ Memo Item

Transaction ID : SB17.47899

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20.47

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

5.74

☐ Memo Item

Transaction ID : SB17.47900

B. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

5.60

☐ Memo Item

Transaction ID : SB17.47901

C. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

5.40

☐ Memo Item

Transaction ID : SB17.47902

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

16.74

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

Amount of Each Disbursement this Period

14.03

☐ Memo Item

Transaction ID : SB17.47907

B. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

Amount of Each Disbursement this Period

10.77

☐ Memo Item

Transaction ID : SB17.47908

C. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

Amount of Each Disbursement this Period

9.81

☐ Memo Item

Transaction ID : SB17.47909

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

34.61

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

Amount of Each Disbursement this Period

21.39

☐ Memo Item

Transaction ID : SB17.47922

B. UBER TECHNOLOGIESMailing Address 1455 MARKET STREET
4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
AUTO EXPENSE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

11.03

☐ Memo Item

Transaction ID : SB17.47927

C. UNITED STATES POSTAL OFFICEMailing Address 900 BRENTWOOD RD
NE #118

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

215.00

☐ Memo Item

Transaction ID : SB17.48095

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

247.42

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 253 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL OFFICEMailing Address 900 BRENTWOOD RD
NE #118

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

1170.00

☐ Memo Item

Transaction ID : SB17.48096

B. USPS

Mailing Address 801 SE JOHNSON AVENUE

City STUART State FL Zip Code 34994

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

415.00

☐ Memo Item

Transaction ID : SB17.47667

c. USPS

Mailing Address 801 SE JOHNSON AVENUE

City STUART State FL Zip Code 34994

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Transaction ID : SB17.47669

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1635.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 340 ROYAL POINCIANA WAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

City	State	Zip Code
PALM BEACH	FL	33480

Amount of Each Disbursement this Period

102.00

Purpose of Disbursement
POSTAGECategory/
Type☐ Memo Item

Transaction ID : SB17.47728

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 340 ROYAL POINCIANA WAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

City	State	Zip Code
PALM BEACH	FL	33480

Amount of Each Disbursement this Period

340.00

Purpose of Disbursement
POSTAGECategory/
Type☐ Memo Item

Transaction ID : SB17.47854

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 340 ROYAL POINCIANA WAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

City	State	Zip Code
PALM BEACH	FL	33480

Amount of Each Disbursement this Period

35.41

Purpose of Disbursement
POSTAGECategory/
Type☐ Memo Item

Transaction ID : SB17.47921

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

477.41

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. VENETIAN

Mailing Address 3355 S. LAS VEGAS BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

City	State	Zip Code
LAS VEGAS	NV	89109

Amount of Each Disbursement this Period

200.48

Purpose of Disbursement
LODGING FOR TICKETED EVENTCategory/
Type☐ Memo Item

Transaction ID : SB17.47648

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. WAL-MART

Mailing Address 10855 US-1

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

City	State	Zip Code
PORT ST. LUCIE	FL	34952

Amount of Each Disbursement this Period

420.44

Purpose of Disbursement
CAMPAIGN SUPPLIESCategory/
Type☐ Memo Item

Transaction ID : SB17.47760

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. WAL-MART

Mailing Address 10855 US-1

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

City	State	Zip Code
PORT ST. LUCIE	FL	34952

Amount of Each Disbursement this Period

33.99

Purpose of Disbursement
CAMPAIGN SUPPLIESCategory/
Type☐ Memo Item

Transaction ID : SB17.47779

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

654.91

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WAL-MART

Mailing Address 10855 US-1

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

City	State	Zip Code
PORT ST. LUCIE	FL	34952

Amount of Each Disbursement this Period

51.44

Purpose of Disbursement
CAMPAIGN SUPPLIESCategory/
Type☐ Memo Item

Transaction ID : SB17.47858

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

City	State	Zip Code
CHANTILLY	VA	20151

Amount of Each Disbursement this Period

1035.11

Purpose of Disbursement
PRINTING AND MAILSHOPCategory/
Type☐ Memo Item

Transaction ID : SB17.47996

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

City	State	Zip Code
CHANTILLY	VA	20151

Amount of Each Disbursement this Period

13.31

Purpose of Disbursement
DATA: DONOR DATA REPORTSCategory/
Type☐ Memo Item

Transaction ID : SB17.47997

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1099.86

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 257 OF 261

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City	State	Zip Code
CHANTILLY	VA	20151

Purpose of Disbursement
CAGING AND ESCROW

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

1407.91

☐ Memo Item

Transaction ID : SB17.48026

B. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City	State	Zip Code
CHANTILLY	VA	20151

Purpose of Disbursement
SHIPPING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

21.93

☐ Memo Item

Transaction ID : SB17.48027

C. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City	State	Zip Code
CHANTILLY	VA	20151

Purpose of Disbursement
CAGING AND ESCROW

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

1597.84

☐ Memo Item

Transaction ID : SB17.48077

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3027.68

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

City	State	Zip Code
CHANTILLY	VA	20151

Amount of Each Disbursement this Period

19.18

Purpose of Disbursement
SHIPPING EXPENSECategory/
Type☐ Memo Item

Transaction ID : SB17.48078

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. WIZARD CREATIONS, INC.

Mailing Address 6210 N. ANDREWS AVENUE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2016

City	State	Zip Code
FT. LAUDERDALE	FL	33309

Amount of Each Disbursement this Period

53.00

Purpose of Disbursement
PRINTING - BUSINESS CARDSCategory/
Type☐ Memo Item

Transaction ID : SB17.47534

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. WPSL WSTU RADIO

Mailing Address 4100 METZGER ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

City	State	Zip Code
FORT PIERCE	FL	34947

Amount of Each Disbursement this Period

1300.00

Purpose of Disbursement
RADIO ADCategory/
Type☐ Memo Item

Transaction ID : SB17.47562

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1372.18

388931.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Erik Blomqvist

Mailing Address 5 Cambria Road East

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

City	State	Zip Code
Palm Beach Gardens	FL	33418

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CONTRIBUTION REFUND

010

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB20A.61495

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Emilia Fanjul

Mailing Address 105 Jungle Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

City	State	Zip Code
Palm Beach	FL	33480

Amount of Each Disbursement this Period

2700.00

Purpose of Disbursement
CONTRIBUTION REFUND

010

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB20A.61488

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Jose Fanjul

Mailing Address 1 North Clematis Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

City	State	Zip Code
West Palm Beach	FL	33401

Amount of Each Disbursement this Period

2700.00

Purpose of Disbursement
CONTRIBUTION REFUND

010

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB20A.61491

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6400.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Lourdes Fanjul

Mailing Address 1 N. Clematis Street., Ste. 200

City	State	Zip Code
West Palm Beach	FL	33401

Purpose of Disbursement
CONTRIBUTION REFUND

010

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Transaction ID : SB20A.61487

B. Jose Fanjul Jr

Mailing Address 1 N. Clematis Street., Ste. 200

City	State	Zip Code
West Palm Beach	FL	33401

Purpose of Disbursement
CONTRIBUTION REFUND

010

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Transaction ID : SB20A.61492

C.

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....

5400.00

TOTAL This Period (last page this line number only).....

11800.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BRIAN MAST

Nature of Debt (Purpose):

In-Kind Meals, Travel, Website- (Debt to be repaid)

Mailing Address PO BOX 3016

City State

Zip Code

STUART

FL

34995

Outstanding Balance Beginning This Period

9499.36

Transaction ID : SD10.4417

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9499.36

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

9499.36

2) **TOTALS** This Period (last page this line number only) ▶

9499.36

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

9499.36